

Department of Social Services

MO HealthNet Division

Fiscal Year 2025 Budget Request

Book 9 of 9

Robert Knodell, Director

Printed with Governor's Recommendation

TABLE OF CONTENTS
MO HEALTHNET DIVISION/DSS BUDGET BOOK 8 OF 9

Governor's Recommendation Summary	1
NDI – MHD Cost to Continue	9
NDI – Managed Care Actuarial Rate Increase	36
NDI – Pharmacy PMPM Increase Specialty	50
NDI – Pharmacy PMPM Increase Non-Specialty	59
NDI – PACE Rate Increase & FTE	68
NDI – Outpatient Fee Schedule Trend	75
NDI – FRA Provider Rate Restructure	80
NDI – AEG IGT DMH	87
Core – MO HealthNet Administration	92
NDI – Diagnosis Related Groups (DRG)	109
NDI – MMIS FTE	113
NDI – MMIS Office of Data Management FTE	120
NDI – Managed Care Compliance Tool	127
Core – Clinical Services Program Management	132
Core – MO HealthNet Transformation	142
Core – Third Party Liability (TPL) Contracts	154
Core – Information Systems	163
NDI – MMIS Operational Costs	174
NDI – MMIS Enrollment Broker	178
NDI – MMIS Security Risk Assessment	182
NDI – MMIS Pharmacy Solutions Trend	186
Core – Closed Loop Social Service Referral Program	190
Core – Health Data Utility	197
Core – Show Me Home	204
Core – Pharmacy	214
Core – Pharmacy Clawback	233
Core – Missouri RX Plan	242
Core – Pharmacy FRA (PFRA)	251
Core – Physician	258
NDI – Independent Lab Rate Increase	281
NDI – Ophthalmologist Rate Increase	285
NDI – Autism Services Rate Parity	289
NDI – Prenatal Care Payments	293
Core – CCBHO	297
Core – PACE	304

TABLE OF CONTENTS
MO HEALTHNET DIVISION/DSS BUDGET BOOK 9 OF 9

Core – Dental	313
NDI – Anesthesia & Extraction Rate Increase	324
Core – Premium Payments	328
NDI – Premium Increase.....	341
Core – Nursing Facilities	345
Core – Home Health	364
Core – Nursing Facilities Reimbursement Allowance (NFRA).....	374
Core – Long Term Support Payments	381
Core – Rehab and Specialty Services	388
NDI – Hospice Rate Increase	405
Core – Non-Emergency Medical Transportation (NEMT).....	410
NDI – NEMT Actuarial Increase	421
Core – Ground Emergency Medical Transportation (GEMT)	426
Core – Complex Rehab Technology	433
Core – Managed Care.....	443
Core – Managed Care Specialty Plan.....	458
Core – Hospital Care.....	468
Core – ToRCH	481
Core – Pediatric Pilot Program	488
Core – Physician Payments for Safety Net Hospitals.....	495
Core – Federally Qualified Health Centers (FQHC) Distribution	502
Core – Health Homes.....	532
Core – Federal Reimbursement Allowance (FRA)	542
Core – IGT Safety Net Hospitals.....	549
Core – Children’s Health Insurance Program (CHIP).....	557
Core – Show-Me Healthy Babies.....	569
Core – School District Medicaid Claiming.....	582
Core – Blind Pension Medical.....	594
Core – Adult Expansion Group	604
NDI – MO MAPS	614
Core – IGT DMH Medicaid Program.....	618
Core – MHD Non-Count Transfers	625
NDI – Non-Count FRA Transfer Appropriation	677
NDI – EFMAP to Title XIX Transfer	682
Core – Legal Expense Fund Transfer.....	689

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C
HB Section: 11.720

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request					FY 2025 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	2,522,857	5,596,682	71,162	8,190,701	PSD	2,522,857	5,401,275	71,162	7,995,294
TRF	0	0	0	0	TRF	0	0	0	0
Total	2,522,857	5,596,682	71,162	8,190,701	Total	2,522,857	5,401,275	71,162	7,995,294

FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------	-----	------	------	------	------

Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>									

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

2. CORE DESCRIPTION

This budget item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

3. PROGRAM LISTING (list programs included in this core funding)

Dental Services

CORE DECISION ITEM

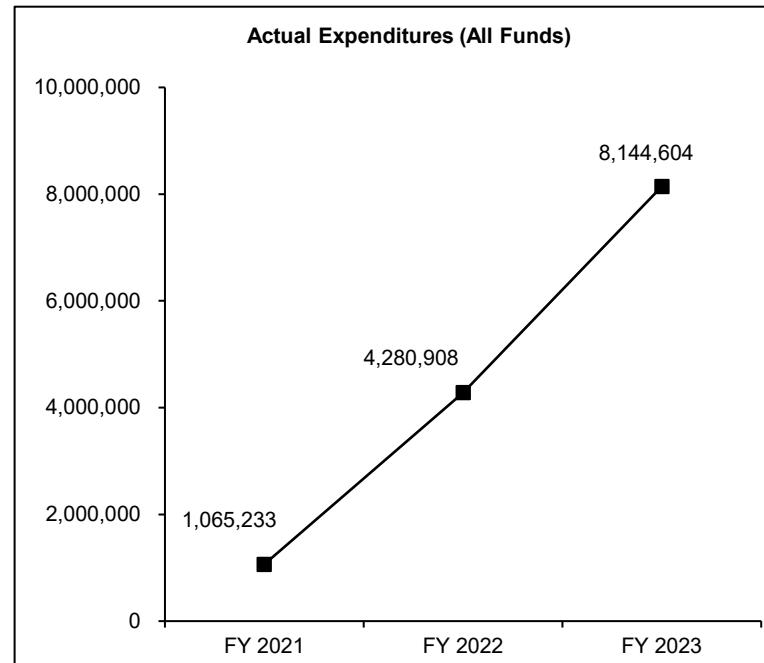
Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C
HB Section: 11.720

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	4,913,546	4,325,591	8,386,548	8,190,701
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	4,913,546	4,325,591	8,386,548	8,190,701
Actual Expenditures (All Funds)	1,065,233	4,280,908	8,144,604	N/A
Unexpended (All Funds)	<u>3,848,313</u>	<u>44,683</u>	<u>241,944</u>	<u>N/A</u>
Unexpended, by Fund:				
General Revenue	1,050,661	1,010	94,187	N/A
Federal	2,797,585	1,328	147,757	N/A
Other	67	42,345	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision Items funded for FMAP Adjustment (\$10,249 GR), Asset limit CTC (\$8,818 GR; \$16,472 Fed), Asset Limit Phase-In (\$2,195 GR; \$4,101 Fed). \$500,000 GR was used as flex to cover other program expenditures.
- (2) FY22 - New Decision Items funded for FMAP Adjustment (\$44,127 Fed), Asset limit CTC (\$1,268 GR; \$2,464 Fed). \$15,000 GR and \$6,000 Fed was flexed in.
- (3) FY23 - New Decision Items funded for Provider Rate Increase (\$1,788,180 GR; \$3,463,142 Fed), MHD CTC (\$222,696 GR), FMAP Adjustment (\$27,304 GR). \$584,157 was used as flex to cover program expenditures.
- (4) FY24 - New Decision Item funded for FMAP Adjustment (\$187,828 Fed).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
DENTAL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	2,522,857	5,596,682	71,162	8,190,701	
	Total	0.00	2,522,857	5,596,682	71,162	8,190,701	
DEPARTMENT CORE REQUEST							
	PD	0.00	2,522,857	5,596,682	71,162	8,190,701	
	Total	0.00	2,522,857	5,596,682	71,162	8,190,701	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2473 8199	PD	0.00	0	(195,407)	0	(195,407) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	0	(195,407)	0	(195,407)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	2,522,857	5,401,275	71,162	7,995,294	
	Total	0.00	2,522,857	5,401,275	71,162	7,995,294	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
DENTAL								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	2,702,080	0.00	2,522,857	0.00	2,522,857	0.00	2,522,857	0.00
TITLE XIX-FEDERAL AND OTHER	5,371,363	0.00	5,596,682	0.00	5,596,682	0.00	5,401,275	0.00
HEALTH INITIATIVES	71,162	0.00	71,162	0.00	71,162	0.00	71,162	0.00
TOTAL - PD	8,144,605	0.00	8,190,701	0.00	8,190,701	0.00	7,995,294	0.00
TOTAL	8,144,605	0.00	8,190,701	0.00	8,190,701	0.00	7,995,294	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	195,407	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	195,407	0.00
TOTAL	0	0.00	0	0.00	0	0.00	195,407	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,242,281	0.00	1,336,690	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,873,531	0.00	1,859,842	0.00
TOTAL - PD	0	0.00	0	0.00	3,115,812	0.00	3,196,532	0.00
TOTAL	0	0.00	0	0.00	3,115,812	0.00	3,196,532	0.00
Dental Anesthesia and Extracti - 1886042								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	836,405	0.00	850,456	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,628,686	0.00	1,614,635	0.00
TOTAL - PD	0	0.00	0	0.00	2,465,091	0.00	2,465,091	0.00
TOTAL	0	0.00	0	0.00	2,465,091	0.00	2,465,091	0.00
GRAND TOTAL	\$8,144,605	0.00	\$8,190,701	0.00	\$13,771,604	0.00	\$13,852,324	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90546C	DEPARTMENT: Social Services
BUDGET UNIT NAME: Dental	
HOUSE BILL SECTION: 11.720	DIVISION: MO HealthNet

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$584,157	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Blind Pension Medical, Complex Rehab, and Premium Payments.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority in sections to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	8,144,605	0.00	8,190,701	0.00	8,190,701	0.00	7,995,294	0.00
TOTAL - PD	8,144,605	0.00	8,190,701	0.00	8,190,701	0.00	7,995,294	0.00
GRAND TOTAL	\$8,144,605	0.00	\$8,190,701	0.00	\$8,190,701	0.00	\$7,995,294	0.00
GENERAL REVENUE	\$2,702,080	0.00	\$2,522,857	0.00	\$2,522,857	0.00	\$2,522,857	0.00
FEDERAL FUNDS	\$5,371,363	0.00	\$5,596,682	0.00	\$5,596,682	0.00	\$5,401,275	0.00
OTHER FUNDS	\$71,162	0.00	\$71,162	0.00	\$71,162	0.00	\$71,162	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

1a. What strategic priority does this program address?

Provide quality dental care access to MO HealthNet participants.

1b. What does this program do?

The MO HealthNet Division's (MHD) dental program reimburses for services that include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a nursing facility. Coverage for adults is limited and includes dental services and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. Services provided under Tiers 1-6 are outlined below.

MHD attempts to improve the overall health of MO HealthNet participants by improving oral health through reimbursement for their diagnostic, preventative, and corrective dental services. Additionally, MHD attempts to ensure MO HealthNet eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). Dental rates are reimbursed for fee-for-service claims based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee-for-service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC), the reimbursement methodology is different and would be paid out of the physician-related services line (see Physician tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three (3) consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

Rate History

07/01/22: Dental rates were increased to 80% of the 50th percentile of the comparable usual customary and reasonable rates

07/01/19: 1.5% rate increase on all covered services

07/01/18: 1.5% rate increase on all covered services

07/01/17: 3% rate decrease on all covered services

07/01/16: ~2% rate increase on all covered services

01/01/16: 1% rate increase on all covered services

Additional Details

For children under 21, pregnant women, the blind, and nursing facility residents, covered services under the dental program include, in part, the following: examinations, fillings, sealants, prophylaxis, fluoride treatments, extractions, anesthesia, crowns, injections, oral surgery, periodontal treatment (in limited cases), pulp treatment, restoration, root canal therapy, x-rays, dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

Coverage for adults for dental services in Tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri include preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury, or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.

PROGRAM DESCRIPTION

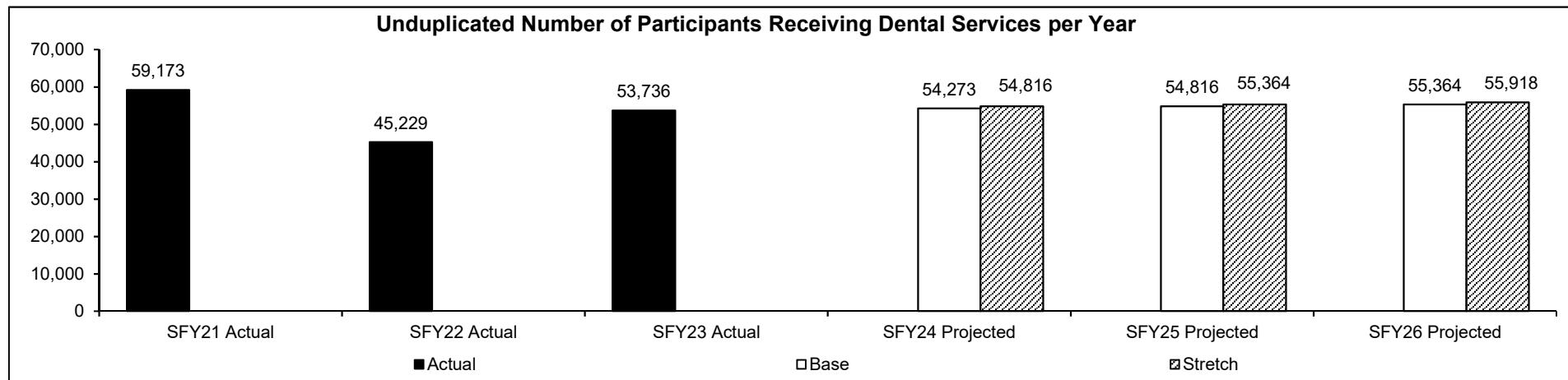
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

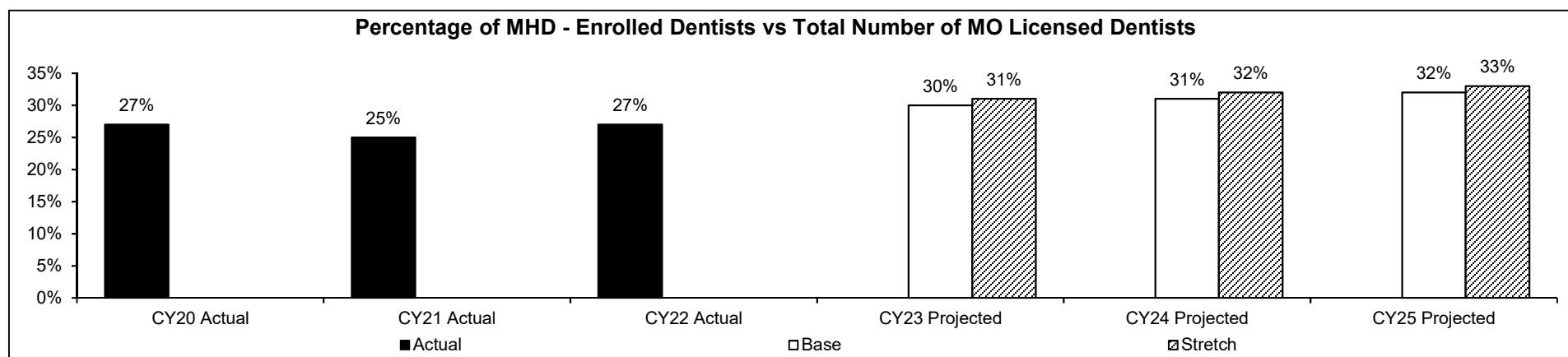
Program is found in the following core budget(s): Dental

2a. Provide an activity measure(s) for the program.



Note: SFY22 is lower due to COVID-19.

2b. Provide a measure(s) of the program's quality.



Note: Stretch goal is based on the National average of dentists enrolled in Medicaid programs.

PROGRAM DESCRIPTION

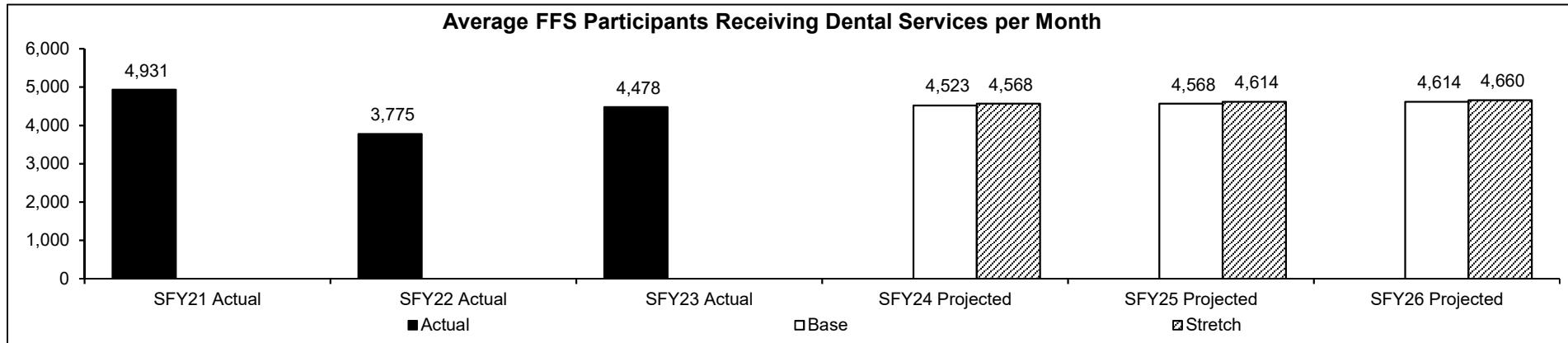
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

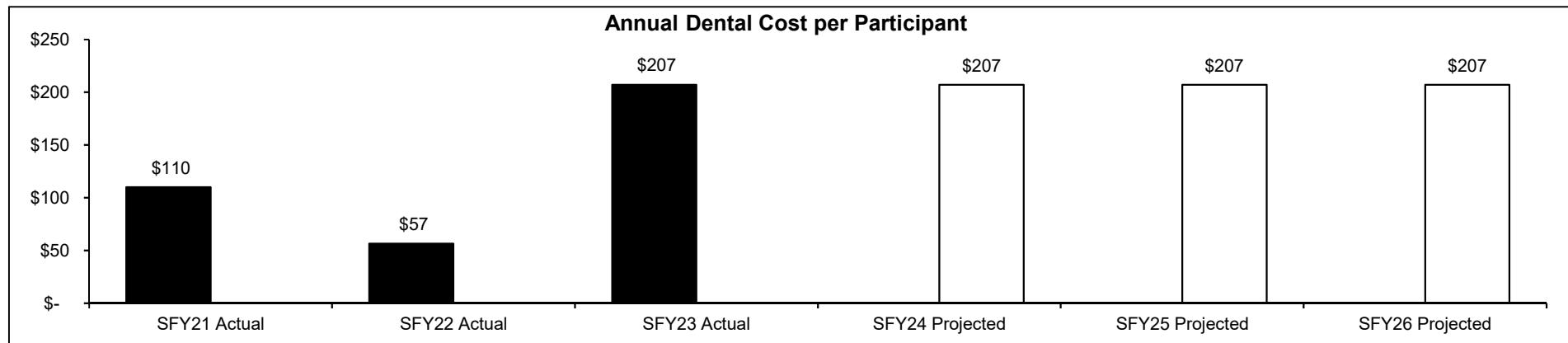
Program is found in the following core budget(s): Dental

2c. Provide a measure(s) of the program's impact.



Note: SFY22 is lower due to COVID-19.

2d. Provide a measure(s) of the program's efficiency.



Note 1: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond increase is due to the dental rates being increased from approximately 35% to 80% of the 50th percentile of the comparable usual customary and reasonable rates.

PROGRAM DESCRIPTION

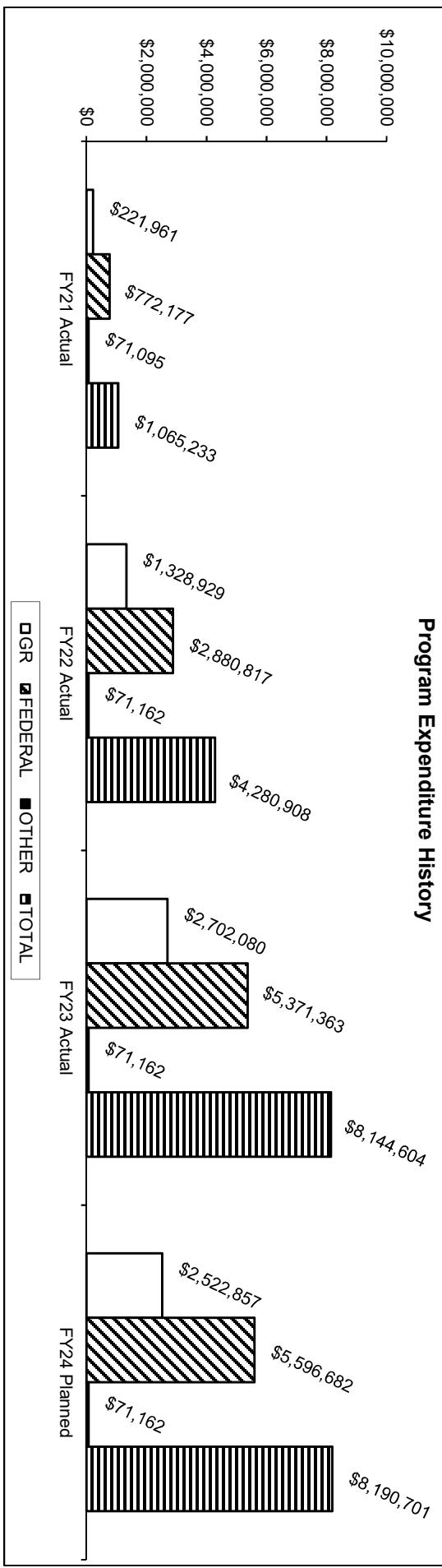
Department: Social Services

Program Name: Dental Programs

Program is found in the following core budget(s): Dental

HB Section(s): 11.720

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

- 4. What are the sources of the "Other" funds?**

Health Initiatives Fund (0275), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

This program is not mandatory for adults but is mandatory for children.

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet

DI Name: Anesthesia and Extraction Rate Increase

DI# 1886042

Budget Unit: 90546C

HB Section: 11.720

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	836,405	1,628,686	0	2,465,091
TRF	0	0	0	0
Total	836,405	1,628,686	0	2,465,091

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	850,456	1,614,635	0	2,465,091
TRF	0	0	0	0
Total	850,456	1,614,635	0	2,465,091

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

2. THIS REQUEST CAN BE CATEGORIZED AS:

New Legislation	New Program	Fund Switch
Federal Mandate	Program Expansion	Cost to Continue
GR Pick-Up	Space Request	Equipment Replacement
Pay Plan	X Other:	Rate Increase

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

In SFY23, rates for some Dental procedure codes were increased to be 80% of the 50th percentile of the comparable Usual Customary and Reasonable (UCR) rates, while in SFY24, Ambulatory Surgical Center (ASC) rates were increased to 90% of the Medicare allowed rate. However, these rate increases did not include dental anesthesia codes and dentist extraction codes. Due to the ASC rate increase in FY24, this caused the dental extraction codes to not be aligned with the corresponding codes within the ASC's. This new decision item would increase the rates of dental anesthesia codes to also be 80% of the 50th percentile of the comparable UCR rates, while it would increase dentist extraction codes to be 38.5% of the 50th percentile of the comparable UCR rates to be more aligned with the corresponding rates within the ASC's.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Anesthesia and Extraction Rate Increase DI# 1886042

Budget Unit: 90546C
 HB Section: 11.720

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFF fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This new decision item funds a provider rate increase beginning July 1, 2024 for the following DSS programs: Dental (HB Section 11.720).

Department Request:

	SFY23 Claims	SFY23 Paid	Estimated SFY25 Paid	Difference
Dental Anesthesia	2,442	\$127,637	\$321,221	\$193,584
Extractions	57,328	\$3,630,547	\$5,902,054	\$2,271,507
	Total	GR	Federal	FMAP
	\$2,465,091	\$836,405	\$1,628,686	66.07%

Governor's Recommendation:

	SFY23 Claims	SFY23 Paid	Estimated SFY25 Paid	Difference
Dental Anesthesia	2,442	\$127,637	\$321,221	\$193,584
Extractions	57,328	\$3,630,547	\$5,902,054	\$2,271,507
	Total	GR	Federal	FMAP
	\$2,465,091	\$836,405	\$1,628,686	65.50%

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	836,405		1,628,686		0		2,465,091		0
Total PSD	836,405		1,628,686		0		2,465,091		0
Grand Total	836,405	0.0	1,628,686	0.0	0	0.0	2,465,091	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	850,456		1,614,635		0		2,465,091		0
Total PSD	850,456		1,614,635		0		2,465,091		0
Grand Total	850,456	0.0	1,614,635	0.0	0	0.0	2,465,091	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Anesthesia and Extraction Rate Increase DI# 1886042

Budget Unit: 90546C
HB Section: 11.720

[6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)]

6a. Provide an activity measure(s) for the program.

Please see the Dental core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Dental core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Dental core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Dental core section for performance measures.

[7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:]

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DENTAL								
Dental Anesthesia and Extracti - 1886042								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,465,091	0.00	2,465,091	0.00
TOTAL - PD	0	0.00	0	0.00	2,465,091	0.00	2,465,091	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,465,091	0.00	\$2,465,091	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$836,405	0.00	\$850,456	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,628,686	0.00	\$1,614,635	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C
HB Section: 11.725

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	112,818,979	247,707,502	0	360,526,481
TRF	0	0	0	0
Total	112,818,979	247,707,502	0	360,526,481

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	112,818,979	247,369,111	0	360,188,090
TRF	0	0	0	0
Total	112,818,979	247,369,111	0	360,188,090

FTE **0.00** **0.00** **0.00** **0.00**

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare
 - 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance
- Payment of these premiums allows MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

3. PROGRAM LISTING (list programs included in this core funding)

Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

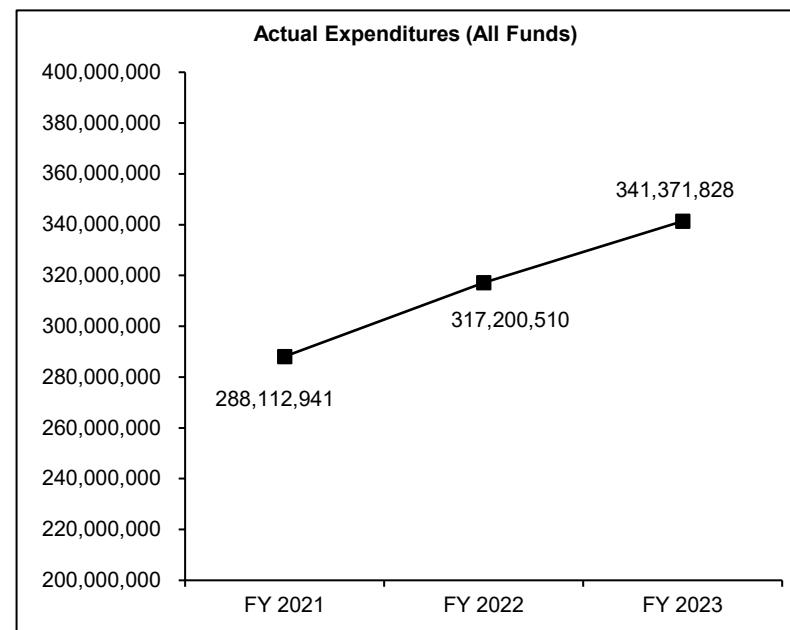
Budget Unit: 90547C

HB Section: 11.725

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	288,113,252	317,230,493	343,674,539	363,140,980
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	288,113,252	317,230,493	343,674,539	363,140,980
Actual Expenditures (All Funds)	288,112,941	317,200,510	341,371,828	N/A
Unexpended (All Funds)	311	29,983	2,302,711	N/A
Unexpended, by Fund:				
General Revenue	110	72	2,302,711	N/A
Federal	201	29,911	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision Item funded for FMAP Adjustment (\$788,633 Fed), Premium Increase (\$2,841,897 GR; \$5,768,533 Fed). FY2021 Supplemental budget funded an increase of \$15,543,285. \$594,458 GR and \$915,052 Fed was flexed in to cover program expenditures.
- (2) FY22 - New Decision Item funded for FMAP Adjustment (\$1,903,895 Fed), Cost to Continue (\$5,318,668 GR; \$6,648,956), Premium Increase (\$4,055,259 GR; \$8,653,867 Fed).
- (3) FY23 - New Decision Items funded for MHD CTC (18,840,385 GR; \$18,264,399 Fed), Premium Increase (\$9,333,333 GR; \$19,701,941 Fed), FMAP Adjustment (\$162,282 GR). \$19,290,000 Fed was flexed in and \$11,000,000 GR and \$25,042,726 Fed was used as to cover program expenditures.
- (4) FY24 - New Decision Items funded for Premium Increase (\$6,284,358 GR; \$13,445,124 Fed), FMAP Adjustment (\$3,873,181 Fed). \$19,290,000 Fed was flexed in and \$11,000,000 GR and \$25,042,726 Fed was used as to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PREMIUM PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	112,818,979	250,322,001	0	363,140,980	
	Total	0.00	112,818,979	250,322,001	0	363,140,980	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1103 8201	PD	0.00	0	(2,614,499)	0	(2,614,499)
	NET DEPARTMENT CHANGES		0.00	0	(2,614,499)	0	(2,614,499)
DEPARTMENT CORE REQUEST							
	PD	0.00	112,818,979	247,707,502	0	360,526,481	
	Total	0.00	112,818,979	247,707,502	0	360,526,481	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1103 8201	PD	0.00	0	2,614,499	0	2,614,499
Core Reduction	2474 8201	PD	0.00	0	(2,952,890)	0	(2,952,890) FMAP adjustment reduction
	NET GOVERNOR CHANGES		0.00	0	(338,391)	0	(338,391)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	112,818,979	247,369,111	0	360,188,090	
	Total	0.00	112,818,979	247,369,111	0	360,188,090	

DECISION ITEM SUMMARY

Budget Unit	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PREMIUM PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	109,959,484	0.00	112,818,979	0.00	112,818,979	0.00	112,818,979	0.00
TITLE XIX-FEDERAL AND OTHER	231,412,344	0.00	250,322,001	0.00	247,707,502	0.00	247,369,111	0.00
TOTAL - PD	341,371,828	0.00	363,140,980	0.00	360,526,481	0.00	360,188,090	0.00
TOTAL	341,371,828	0.00	363,140,980	0.00	360,526,481	0.00	360,188,090	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	2,952,890	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	2,952,890	0.00
TOTAL	0	0.00	0	0.00	0	0.00	2,952,890	0.00
Premium Increase - 1886012								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	12,879,875	0.00	9,759,388	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	27,507,625	0.00	20,357,701	0.00
TOTAL - PD	0	0.00	0	0.00	40,387,500	0.00	30,117,089	0.00
TOTAL	0	0.00	0	0.00	40,387,500	0.00	30,117,089	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,993,790	0.00	10,464,718	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	4,658,104	0.00
TOTAL - PD	0	0.00	0	0.00	3,993,790	0.00	15,122,822	0.00
TOTAL	0	0.00	0	0.00	3,993,790	0.00	15,122,822	0.00
GRAND TOTAL	\$341,371,828	0.00	\$363,140,980	0.00	\$404,907,771	0.00	\$408,380,891	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90547C BUDGET UNIT NAME: Premium Payments HOUSE BILL SECTION: 11.725	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$36,042,726	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority in sections to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	341,371,828	0.00	363,140,980	0.00	360,526,481	0.00	360,188,090	0.00
TOTAL - PD	341,371,828	0.00	363,140,980	0.00	360,526,481	0.00	360,188,090	0.00
GRAND TOTAL	\$341,371,828	0.00	\$363,140,980	0.00	\$360,526,481	0.00	\$360,188,090	0.00
GENERAL REVENUE	\$109,959,484	0.00	\$112,818,979	0.00	\$112,818,979	0.00	\$112,818,979	0.00
FEDERAL FUNDS	\$231,412,344	0.00	\$250,322,001	0.00	\$247,707,502	0.00	\$247,369,111	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

1a. What strategic priority does this program address?

Cost avoidance by paying Medicare and Private Insurance Premiums

1b. What does this program do?

The purpose of the Medicare Savings Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Medicare Savings Program

Medicare has three sets of basic coverage:

- Part A, which pays for hospitalization costs
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D)

The Medicare Savings Program assists “dual eligible” individuals, who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligible—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium. For full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet “wrap-around” benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. *For more information on dual eligibility categories, see Additional Details.*

Health Insurance Premium Payment (HIPP) Program

MO HealthNet purchases group health insurance (such as employer-sponsored insurance) for eligible MO HealthNet participants through the Health Insurance Premium Payment (HIPP) Program. The HIPP program pays for health insurance for MO HealthNet participants when it is determined to be “cost effective.” A plan is considered cost effective when the cost of paying the premiums, coinsurance, deductibles and other cost-sharing obligations, and administrative costs is likely to be less than the amount paid for an equivalent set of MO HealthNet services. *See additional details for more information on how cost effectiveness is determined.*

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Payment Methodology

Medicare premiums are paid monthly. Payment is made directly to Medicare for the Medicare Savings Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called “crossover claims.” Premiums and cost sharing are paid for the private health insurance through the HIPP Program at the cadence required by the insurance carrier, employer, or participant.

Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	Part A	Part B & QI
CY24	\$505.00	\$174.70
CY23	\$506.00	\$164.90
CY22	\$499.00	\$170.10
CY21	\$474.00	\$148.50

Additional Details

HIPP Cost Effectiveness

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location; type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

Full Dual Beneficiary Categories

Qualified Medicare Beneficiary (QMB) Plus:

- MO HealthNet pays Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- Includes MO HealthNet wrap-around benefits

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Partial Dual Beneficiary Categories

QMB Only:

- MO HealthNet pays both Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- No MO Health Net wrap-around benefits

SLMB Only:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- No Medicaid wrap-around benefits

Qualified Individuals (QI):

- MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- No MO HealthNet wrap-around benefits

Partial “Undesignated”:

- Partial duals with income 135% FPL or greater
- Can include the following individuals:
 - Recipients of supplemental nursing care payments
 - SSI recipients
 - Individuals on spenddown

MO HealthNet pays only Part B premiums.

Individuals receive full MO HealthNet benefits.

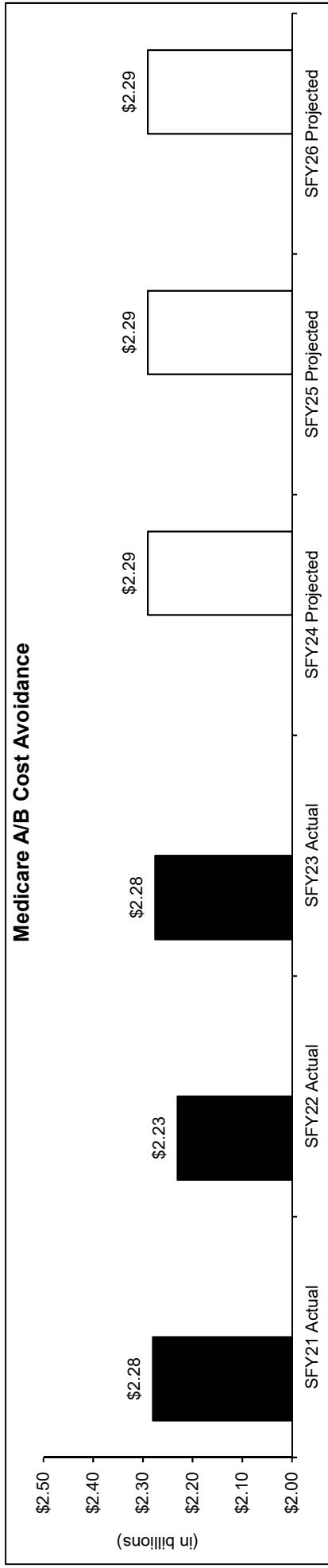
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Premium Payments
Program is found in the following core budget(s): Premium Payments

HB Section(s): 11.725

2a. Provide an activity measure(s) for the program.

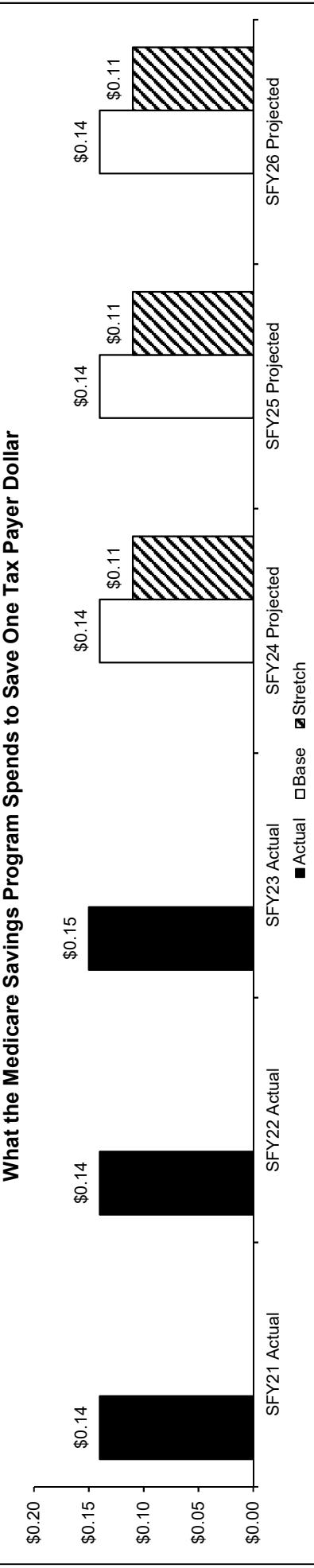
Cost avoidance is the dollar amount that MO HealthNet avoided paying because of Medicare Part A and Part B paying for these costs instead.



2b. Provide a measure(s) of the program's quality

The Medicare Savings Program pays the Medicare Part A and B Premiums for eligible MO HealthNet participants. Paying these premiums costs MO HealthNet a fraction of what it would cost to provide these services. For every \$.15 we spend on paying premiums, we save the tax payer \$.10.

What the Medicare Savings Program Spends to Save One Tax Payer Dollar



PROGRAM DESCRIPTION

Department: Social Services

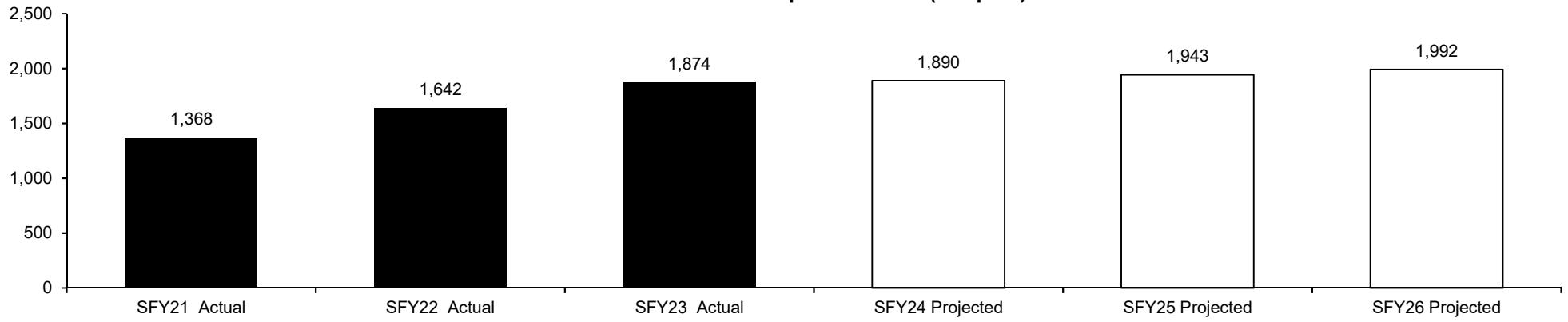
HB Section(s): 11.725

Program Name: Premium Payments

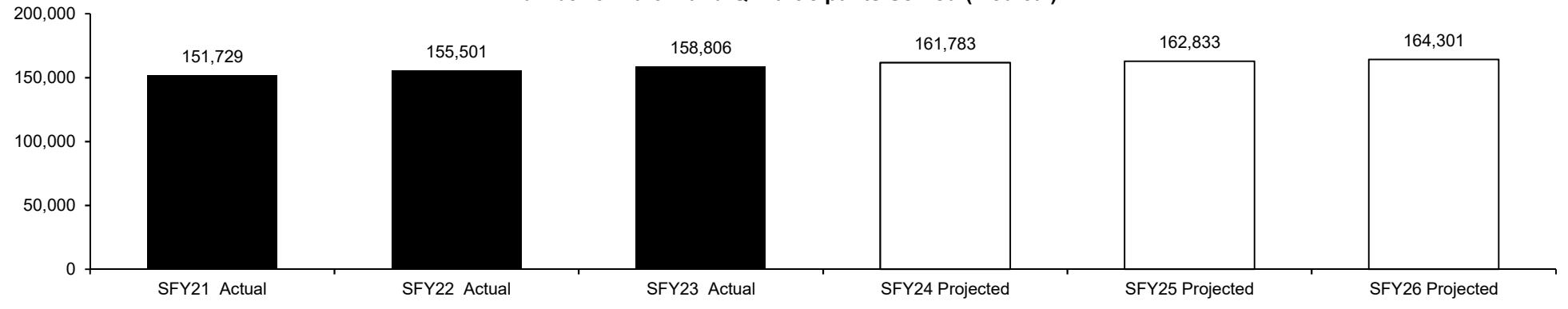
Program is found in the following core budget(s): Premium Payments

2c. Provide a measure of the program's impact.

Number of Part A Participants Served (Hospital)



Number of Part B and QI Participants Served (Medical)



Participants:

Part A: (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B: (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries. The projected increase in the premium participants in SFY 24 and beyond is due to the increase in participants applying for Medicaid in Missouri.

PROGRAM DESCRIPTION

Department: Social Services

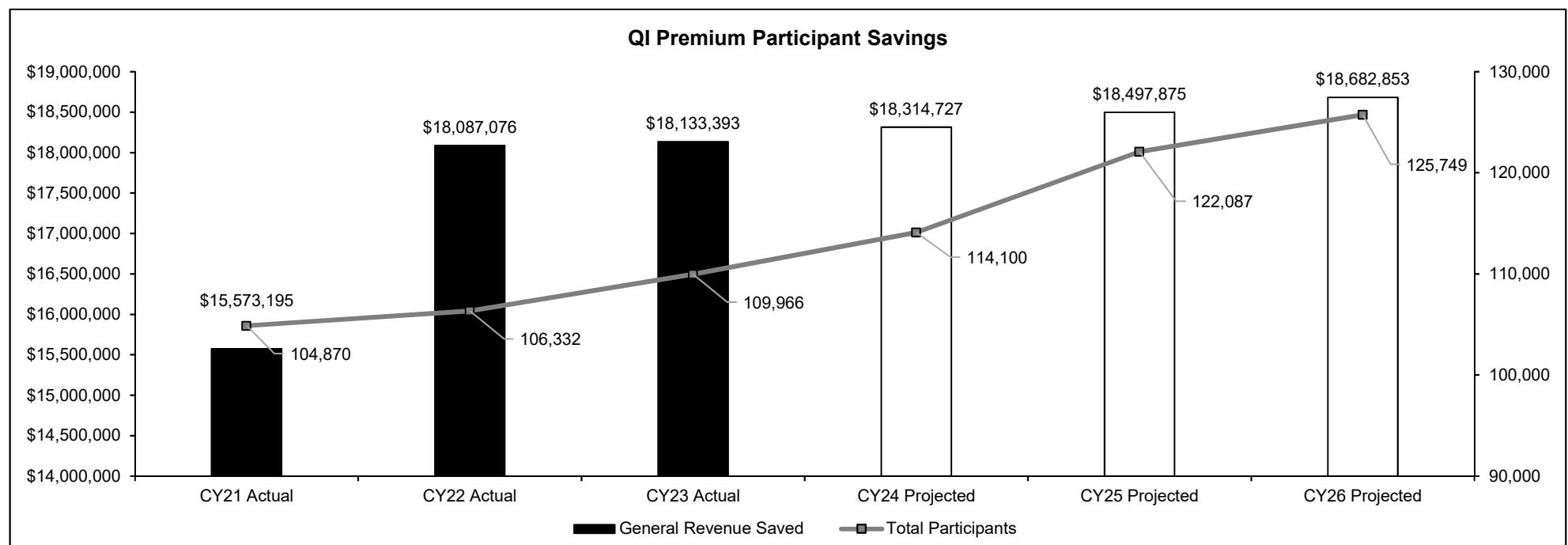
HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2d. Provide a measure of the program's efficiency.

Paying for the Medicare premiums for those who qualify for Qualified Individual (QI) coverage ensures the state receives 100% Federal Funding and saves the state General Revenue dollars.

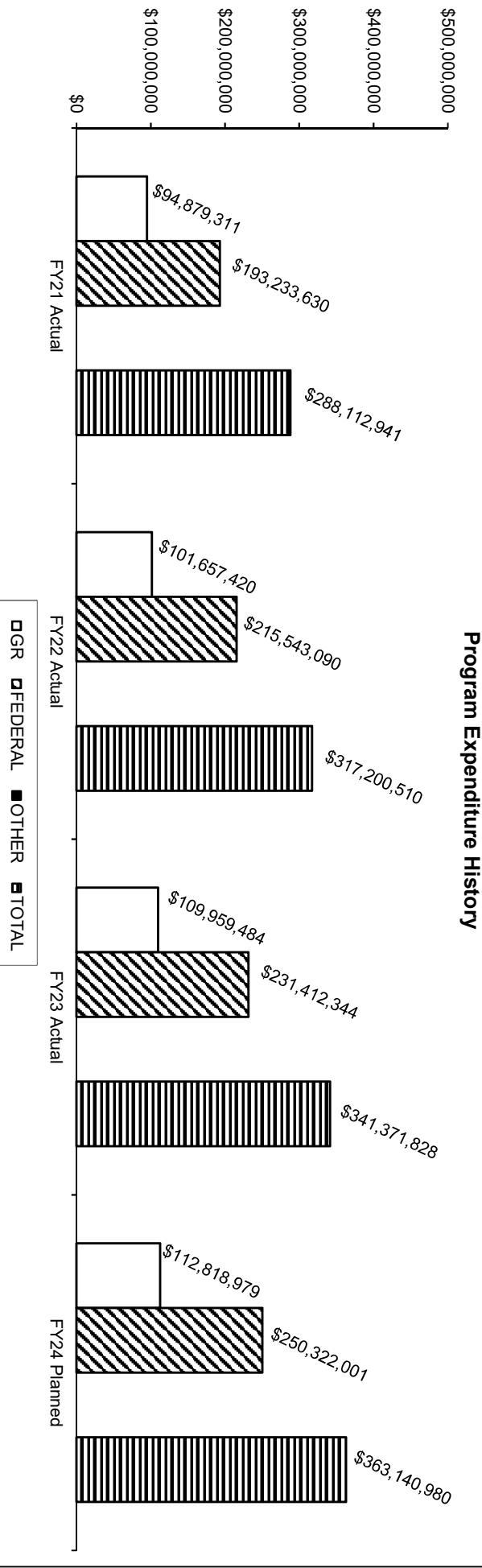


PROGRAM DESCRIPTION

HB Section(s): 11.725

Department: Social Services
Program Name: Premium Payments
Program is found in the following core budget(s): Premium Payments

- 3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Section 208.153, RSMo.; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

Yes, if the state elects to have a Medicaid program.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase **DI#** 1886012

Budget Unit: 90547C
HB Section: 11.725

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	12,879,875	27,507,625	0	40,387,500
TRF	0	0	0	0
Total	12,879,875	27,507,625	0	40,387,500

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	9,759,388	20,357,701	0	30,117,089
TRF	0	0	0	0
Total	9,759,388	20,357,701	0	30,117,089

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	<input type="checkbox"/>

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2023) are \$506 per month for Part A and \$164.90 per month for Part B. Part A rates are decreasing by \$1, while Part B rates are increasing by \$9.80 beginning January 2024. Part A rates are assumed to increase \$10, while Part B premium rates are assumed to increase \$20 beginning January 2025. This request is for the last six months of funding for the calendar year 2024 premium, and the first six months of funding for the expected premium increase for calendar year 2025.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Premium Increase DI# 1886012

Budget Unit: 90547C
 HB Section: 11.725

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFF fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The number of eligibles was projected based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the FY25 FMAP of 65.50%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with a monthly income limit of \$1,426 or a married couple with a monthly income limit of \$1,923, with assets of \$7,730 per individual or \$11,600 per couple, indexed each year according to the Consumer Price Index.

Department Request			
	Part A	Part B	QI
Eligibles per month (FY24)	1,988	152,600	9,234
Premium Increase (1/24)	\$10.00	\$20.00	\$20.00
Premium Increase (1/25)	\$10.00	\$20.00	\$20.00

Governor's Recommendation		
	Part A	Part B
	1,988	152,600
	\$0.00	\$9.80
	\$10.00	\$20.00

Calendar Year 2024 Increase:

Projected average eligibles/month	2,133	155,949	9,777
Premium increase for 2024	\$10.00	\$20.00	\$20.00
Number of months to increase	6	6	6
Projected increase 7/24 - 12/24	127,980	18,713,880	1,173,240

2,133	155,949	9,777
\$0.00	\$9.80	\$9.80
6	6	6
0	9,169,801	574,888

Calendar Year 2025 Increase:

Projected average eligibles/month	2,248	158,195	10,451
Premium increase for 2025	\$10.00	\$20.00	\$20.00
Number of months to increase	6	6	6
Projected increase 1/25 - 6/25	134,880	18,983,400	1,254,120

2,248	158,195	10,451
\$10.00	\$20.00	\$20.00
6	6	6
134,880	18,983,400	1,254,120

Total Projected Increase SFY25 **262,860** **37,697,280** **2,427,360**

134,880 **28,153,201** **1,829,008**

	Total	GR	Federal	FMAP
Part A Request	262,860	89,188	173,672	66.07%
Part B Request	37,697,280	12,790,687	24,906,593	
Part B QI	2,427,360	0	2,427,360	
	40,387,500	12,879,875	27,507,625	

QI Federal only

	Total	GR	Federal	FMAP
	134,880	46,534	88,346	65.50%
	28,153,201	9,712,854	18,440,347	
	1,829,008	0	1,829,008	
	30,117,089	9,759,388	20,357,701	

QI Federal only

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase **DI#** 1886012

Budget Unit: 90547C
HB Section: 11.725

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	12,879,875		27,507,625				40,387,500		
Total PSD	12,879,875		27,507,625		0		40,387,500		0
Grand Total	12,879,875	0.0	27,507,625	0.0	0	0.0	40,387,500	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Program Distributions	9,759,388		20,357,701		0		30,117,089		0
Total PSD	9,759,388		20,357,701		0		30,117,089		0
Grand Total	9,759,388	0.0	20,357,701	0.0	0	0.0	30,117,089	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Premium core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Premium core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Premium core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Premium core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PREMIUM PAYMENTS								
Premium Increase - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	40,387,500	0.00	30,117,089	0.00
TOTAL - PD	0	0.00	0	0.00	40,387,500	0.00	30,117,089	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$40,387,500	0.00	\$30,117,089	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,879,875	0.00	\$9,759,388	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$27,507,625	0.00	\$20,357,701	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C
HB Section: 11.730

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	224,549,351	571,351,802	65,509,459	861,410,612
TRF	0	0	0	0
Total	224,549,351	571,351,802	65,509,459	861,410,612

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
 Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	224,549,351	564,223,951	65,509,459	854,282,761
TRF	0	0	0	0
Total	224,549,351	564,223,951	65,509,459	854,282,761

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
 Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C
HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	591,822,786	680,823,452	772,262,729	861,410,612
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	591,822,786	680,823,452	772,262,729	861,410,612
Actual Expenditures (All Funds)	570,918,118	655,757,467	765,927,050	N/A
Unexpended (All Funds)	20,904,668	25,065,985	6,335,679	N/A
Unexpended, by Fund:				
General Revenue	3	0	9,245,029	N/A
Federal	19,769,155	24,752,448	90,650	N/A
Other	1,135,510	313,537	N/A	N/A
	(1)	(2)	(3)	(4)

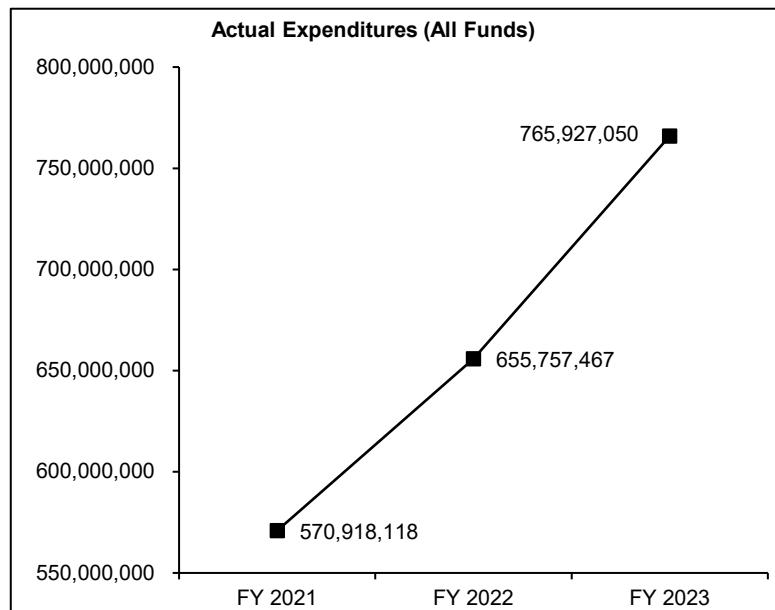
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision Items funded FMAP Adjustment (\$2,753,351 GR), Cost to Continue (\$2,375,023 GR; \$4,312,517), NF Stimulus COVID-19 (\$90,000,000 Fed). \$9,060,686 GR was flexed in to cover program expenditures. \$39,000,000 GR and \$25,751,345 Fed was used as flex to cover other program expenditures. \$90,000,000 of the DSS Federal Stimulus Fund (2355) was held in agency reserve.
- (2) FY22 - New Decision Items funded for FMAP Adjustment (\$712,200 Fed), Nursing Home Increase (\$30,000,000 GR; \$58,261,253 Fed). Supplemental funded for \$17,081,779. \$7,100,000 GR was flexed in and \$17,846,866 was used as flex to cover program expenditures.
- (3) FY23 - New Decision Item funded for Nursing Facility Rate Rebase (\$62,247,056 GR; \$120,552,944 Fed), MHD CTC (\$4,066,371 GR), FMAP Adjustment (\$846,082 GR). \$59,100,000 was flexed in and \$77,309,365 was used as flex to cover program expenditures.
- (4) FY24 - Broke out NF Value Based Payments into a separate core. New Decision Items funded for FMAP Adjustment (\$3,641,459 Fed), MHD CTC (\$1,662,926 GR; \$11,370,901 Fed), Nurse Aid Training Reimbursement (\$810,144 GR; \$1,572,984 Fed), NF Rate Increase (\$24,782,355 GR; \$48,117,645 Fed). Supplemental awarded for \$17,378,437.



CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Nursing Facilities Value Based Payments

Budget Unit:

90604C

HB Section:

11.730

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	7,619,245	14,764,755	0	22,384,000
TRF	0	0	0	0
Total	7,619,245	14,764,755	0	22,384,000

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	7,619,245	14,661,520	0	22,280,765
TRF	0	0	0	0
Total	7,619,245	14,661,520	0	22,280,765

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

Funding for this item provides value based incentive payments to nursing facilities.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Value Based Payments

CORE DECISION ITEM

Department: Social Services

Budget Unit:

90604C

Division: MO HealthNet

HB Section:

11.730

Core: Nursing Facilities Value Based Payments

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	17,200,000	22,384,000
Less Reverted (All Funds)	0	0	(175,708)	(228,577)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	17,024,292	22,155,423
Actual Expenditures (All Funds)	0	0	15,754,442	N/A
Unexpended (All Funds)	0	0	1,269,850	N/A
Unexpended, by Fund:				
General Revenue	0	0	316,533	N/A
Federal	0	0	953,317	N/A
Other	0	0	0	N/A
				(1)

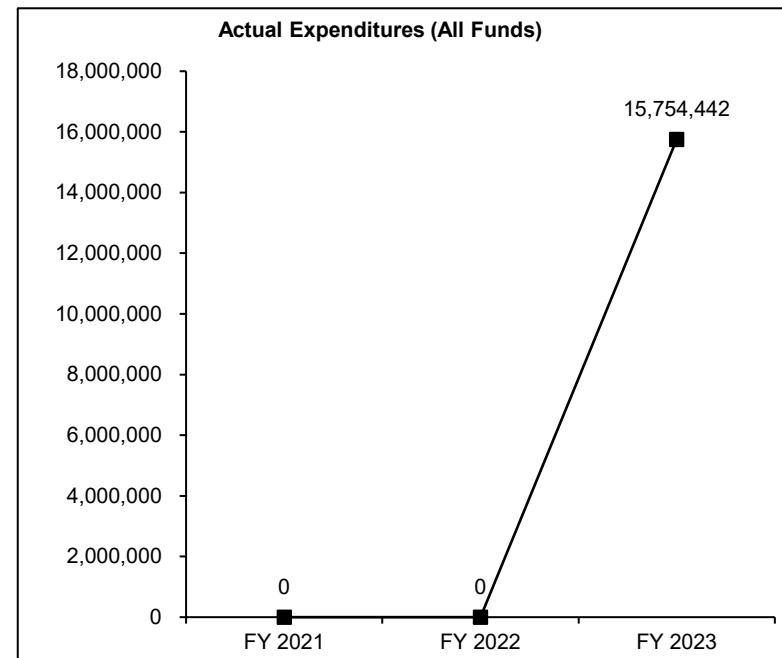
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(4) FY24 - NF Value Based Payments formerly part of Nursing Facilities Core. New Decision Item funded for NF Rate Increase (\$1,762,301 GR; 3,421,699 Fed).



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	224,549,351	571,351,802	65,509,459	861,410,612	
	Total	0.00	224,549,351	571,351,802	65,509,459	861,410,612	
DEPARTMENT CORE REQUEST							
	PD	0.00	224,549,351	571,351,802	65,509,459	861,410,612	
	Total	0.00	224,549,351	571,351,802	65,509,459	861,410,612	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2475 6473	PD	0.00	0	(7,127,851)	0	(7,127,851) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00		0	(7,127,851)	0	(7,127,851)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	224,549,351	564,223,951	65,509,459	854,282,761	
	Total	0.00	224,549,351	564,223,951	65,509,459	854,282,761	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NF VALUE BASED PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	7,619,245	14,764,755	0	22,384,000	
	Total	0.00	7,619,245	14,764,755	0	22,384,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	7,619,245	14,764,755	0	22,384,000	
	Total	0.00	7,619,245	14,764,755	0	22,384,000	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2476 2027	PD	0.00	0	(103,235)	0	(103,235) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	0	(103,235)	0	(103,235)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	7,619,245	14,661,520	0	22,280,765	
	Total	0.00	7,619,245	14,661,520	0	22,280,765	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NURSING FACILITIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	195,536,666	0.00	224,549,351	0.00	224,549,351	0.00	224,549,351	0.00
TITLE XIX-FEDERAL AND OTHER	504,880,925	0.00	571,351,802	0.00	571,351,802	0.00	564,223,951	0.00
UNCOMPENSATED CARE FUND	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00
THIRD PARTY LIABILITY COLLECT	6,992,980	0.00	6,992,981	0.00	6,992,981	0.00	6,992,981	0.00
TOTAL - PD	<u>765,927,049</u>	<u>0.00</u>	<u>861,410,612</u>	<u>0.00</u>	<u>861,410,612</u>	<u>0.00</u>	<u>854,282,761</u>	<u>0.00</u>
TOTAL	765,927,049	0.00	861,410,612	0.00	861,410,612	0.00	854,282,761	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	7,127,851	0.00
TOTAL - PD	<u>0</u>	<u>0.00</u>	<u>0</u>	<u>0.00</u>	<u>0</u>	<u>0.00</u>	<u>7,127,851</u>	<u>0.00</u>
TOTAL	0	0.00	0	0.00	0	0.00	7,127,851	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	32,341,068	0.00	34,479,283	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	52,155,594	0.00	39,716,339	0.00
TOTAL - PD	<u>0</u>	<u>0.00</u>	<u>0</u>	<u>0.00</u>	<u>84,496,662</u>	<u>0.00</u>	<u>74,195,622</u>	<u>0.00</u>
TOTAL	0	0.00	0	0.00	84,496,662	0.00	74,195,622	0.00
GRAND TOTAL	\$765,927,049	0.00	\$861,410,612	0.00	\$945,907,274	0.00	\$935,606,234	0.00

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NF VALUE BASED PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	5,364,703	0.00	7,619,245	0.00	7,619,245	0.00	7,619,245	0.00
TITLE XIX-FEDERAL AND OTHER	10,389,739	0.00	14,764,755	0.00	14,764,755	0.00	14,661,520	0.00
TOTAL - PD	15,754,442	0.00	22,384,000	0.00	22,384,000	0.00	22,280,765	0.00
TOTAL	15,754,442	0.00	22,384,000	0.00	22,384,000	0.00	22,280,765	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	103,235	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	103,235	0.00
TOTAL	0	0.00	0	0.00	0	0.00	103,235	0.00
GRAND TOTAL	\$15,754,442	0.00	\$22,384,000	0.00	\$22,384,000	0.00	\$22,280,765	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C & 90604C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

5% flexibility is requested between sections 11.730 (Nursing Facilities) and 11.730 (Nursing Facility Value Based Payments).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 5% between sections.	Up to 5% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$77,309,365	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for Managed Care payments.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	765,927,049	0.00	861,410,612	0.00	861,410,612	0.00	854,282,761	0.00
TOTAL - PD	765,927,049	0.00	861,410,612	0.00	861,410,612	0.00	854,282,761	0.00
GRAND TOTAL	\$765,927,049	0.00	\$861,410,612	0.00	\$861,410,612	0.00	\$854,282,761	0.00
GENERAL REVENUE	\$195,536,666	0.00	\$224,549,351	0.00	\$224,549,351	0.00	\$224,549,351	0.00
FEDERAL FUNDS	\$504,880,925	0.00	\$571,351,802	0.00	\$571,351,802	0.00	\$564,223,951	0.00
OTHER FUNDS	\$65,509,458	0.00	\$65,509,459	0.00	\$65,509,459	0.00	\$65,509,459	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NF VALUE BASED PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	15,754,442	0.00	22,384,000	0.00	22,384,000	0.00	22,280,765	0.00
TOTAL - PD	15,754,442	0.00	22,384,000	0.00	22,384,000	0.00	22,280,765	0.00
GRAND TOTAL	\$15,754,442	0.00	\$22,384,000	0.00	\$22,384,000	0.00	\$22,280,765	0.00
GENERAL REVENUE	\$5,364,703	0.00	\$7,619,245	0.00	\$7,619,245	0.00	\$7,619,245	0.00
FEDERAL FUNDS	\$10,389,739	0.00	\$14,764,755	0.00	\$14,764,755	0.00	\$14,661,520	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and may be adjusted in subsequent years for various items, such as acuity adjustments, quality measures, or global per diem adjustments granted to the industry as a whole.

Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Nursing facility reimbursement was transformed in FY 23 by rebasing nursing facility rates and modifying the reimbursement methodology. The primary changes include rebasing the cost base for the rates using 2019 cost report data trended to FY 23, applying an acuity adjustment or Case Mix Index (CMI) to patient care costs, providing quality based incentives or Value Based Purchasing (VBP) add-ons to the rate when the facility meets specified quality measures, and including a Mental Illness (MI) Diagnosis Add-On rate. Rates will be adjusted each January and July for updated CMIs, VBP quality measures, and MI criteria, and will be adjusted each July for capital expenditures. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA.

The following are the most recent GR/GRE funded rate adjustments from the Nursing Facility (NF) budget section and the NFRA funded adjustments from the NFRA budget section:

SFY	Weighted Avg.	Adjustment	Source
2024	\$199.98	Global Adj = \$10.00 VBP Adj = \$0.87	GR from NF Approp (Effective for dates of service beginning 7/1/23) = \$79.3 mil NFRA from NF Approp (Effective for dates of service beginning 7/1/23) = \$6.9 mil - The SFY 24 funding provided a global per diem adjustment of \$10.00 per day to all NFs and an increase to the Value Based Purchasing (VBP) per diem adjustments for facilities meeting the Quality Measure Performance threshold(s). Implementation of the SFY 2024 rates is pending approval from the Centers for Medicare & Medicaid Services (CMS).
2023	\$189.11	\$15.95	GR from NF Approp (Effective for dates of service beginning 7/1/22) - The "Adjustment" is the average estimated increase in rebased rates over the average SFY 2022 rate which includes the \$10.18 rate increase.
2022	\$173.16	\$10.18	GR from NF Approp (Effective 7/1/21-6/30/22) - The SFY 22 rate increase is a one-time increase for costs associated with the COVID-19 public health emergency. This rate adjustment corresponds to the appropriation granted in the SFY 22 budget approved by the Governor.
2021	\$162.98	(\$0.12)	GR from NF Approp (Effective 7/1/20) - The SFY 20 rate increase of \$1.61 was reduced to \$1.49 in SFY 21 because the appropriation will be expended over 12 months rather than 11 months as was done in SFY 20.)
2020	\$163.10	\$1.61	GR from NF Approp (Effective 8/1/19-6/30/20) - The increase in the SFY 20 nursing facility appropriation was expended over 11 months during SFY 20 because the per diem increase was not effective until 8/1/19.)
	\$161.49	(\$0.75)	GR from NF Approp (Effective 7/1/19) - The SFY 19 supplemental increase of \$1.29 was reduced to \$0.54 for SFY 20 because the appropriation will be expended over 12 months rather than 5 months as was done in SFY 19.)
2019	\$162.24	\$9.12	GR from NF Approp

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

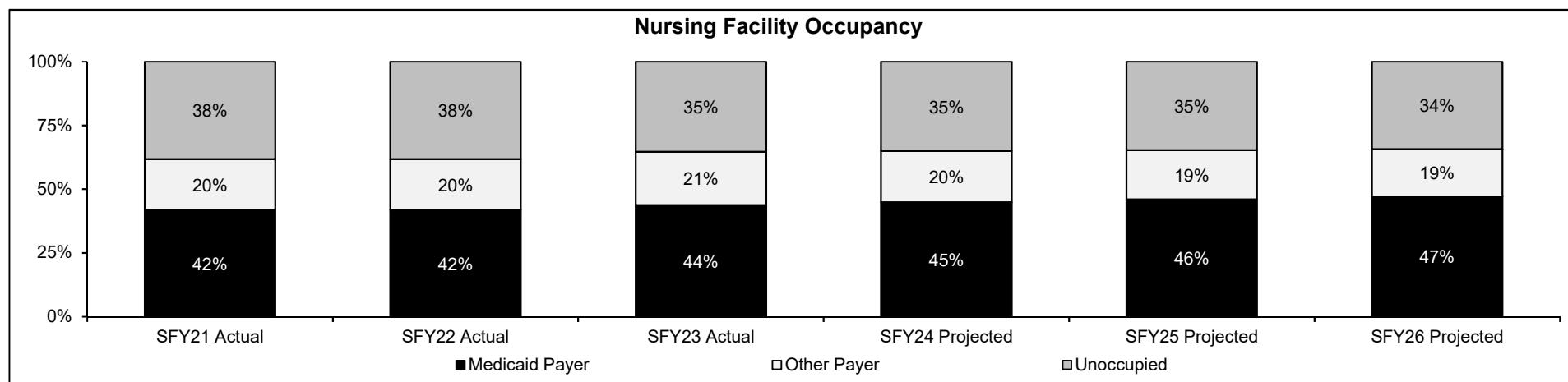
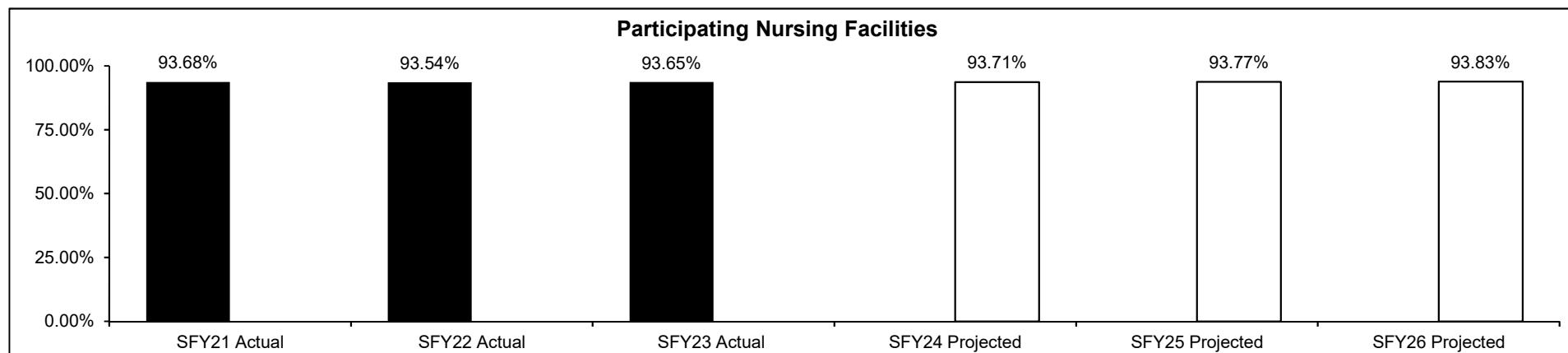
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2a. Provide an activity measure(s) for the program.

As of June 2023, 487 facilities were enrolled in the MO HealthNet program, representing a 93.65% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



Note: Based on information provided through the Certificate of Need Survey Summary

PROGRAM DESCRIPTION

Department: Social Services

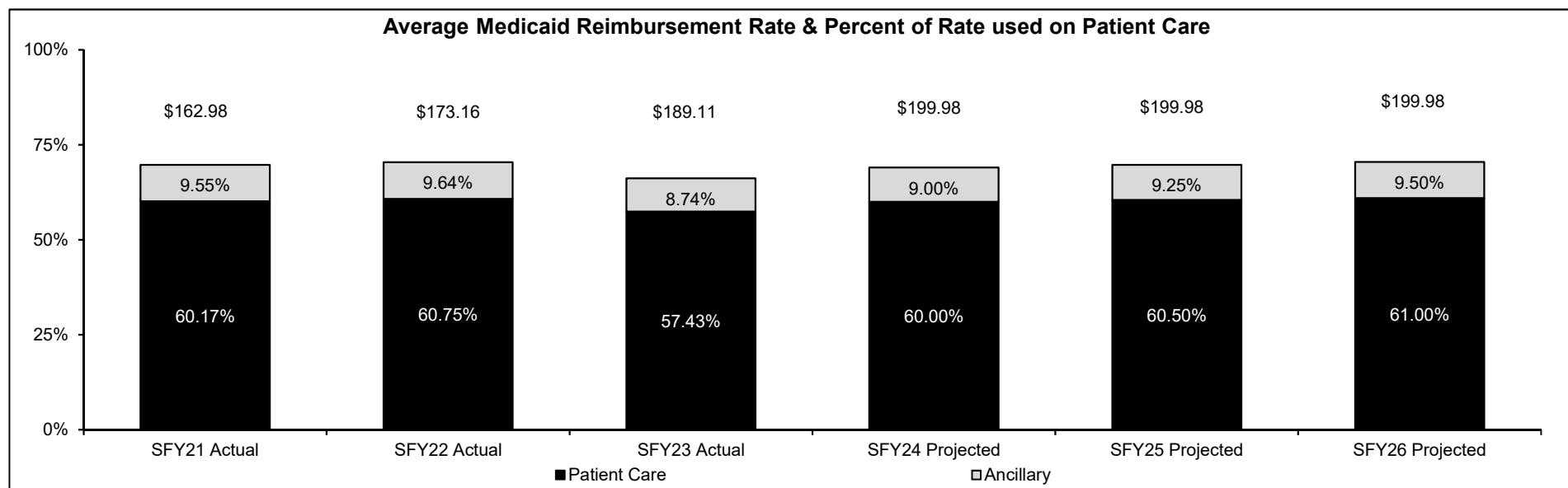
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with approximately 60% being direct patient care services and approximately 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



Note: In SFY23, nursing facility rates were rebased using 2019 cost data and the reimbursement system was transformed to include acuity adjustments to the patient care cost component, Value Based Purchasing (VBP) Incentives, and a Mental Illness (MI) Diagnosis Add-On. Projections for VBP (0.68%) and MI (0.56%) are included in Patient Care since those items target quality patient care. Due to the rebasing and rate transformation in SFY23, there was a re-alignment of the rate components but the division anticipates the percentage of patient care to gradually increase as a result of the acuity adjustments which encourage facilities to accept participants requiring a higher level of care.

PROGRAM DESCRIPTION

Department: Social Services

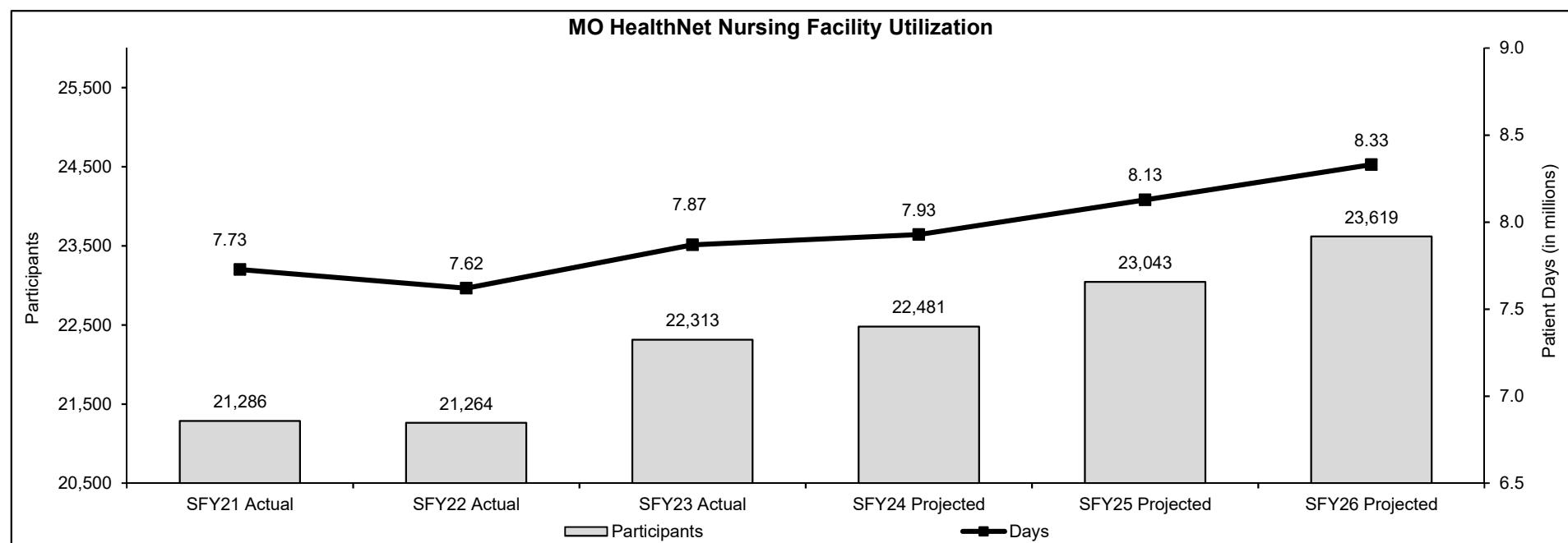
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas.



PROGRAM DESCRIPTION

Department: Social Services

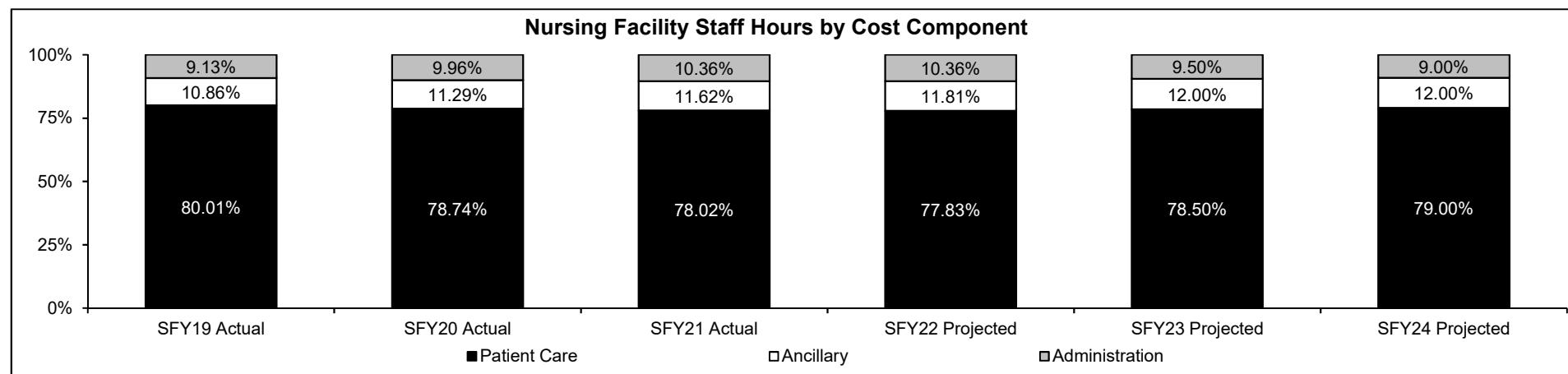
HB Section(s): 11.730

Program Name: Nursing Facility

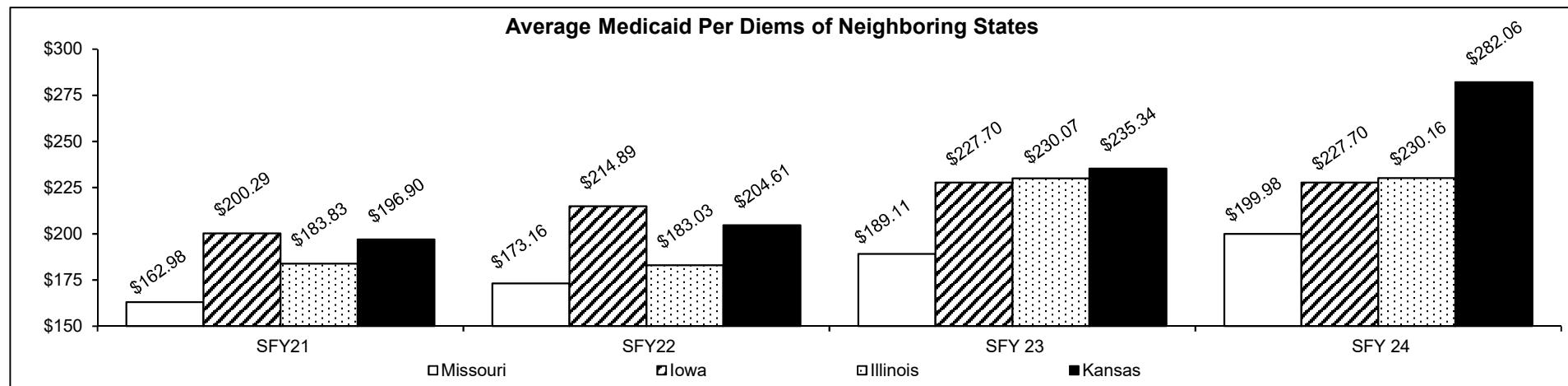
Program is found in the following core budget(s): Nursing Facility

2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with approximately 78% of staff hours being spent on direct patient care, per the data from facility cost reports.



Note: SFY21 is the latest full year of cost reports completed. Future years will be updated as information is available.

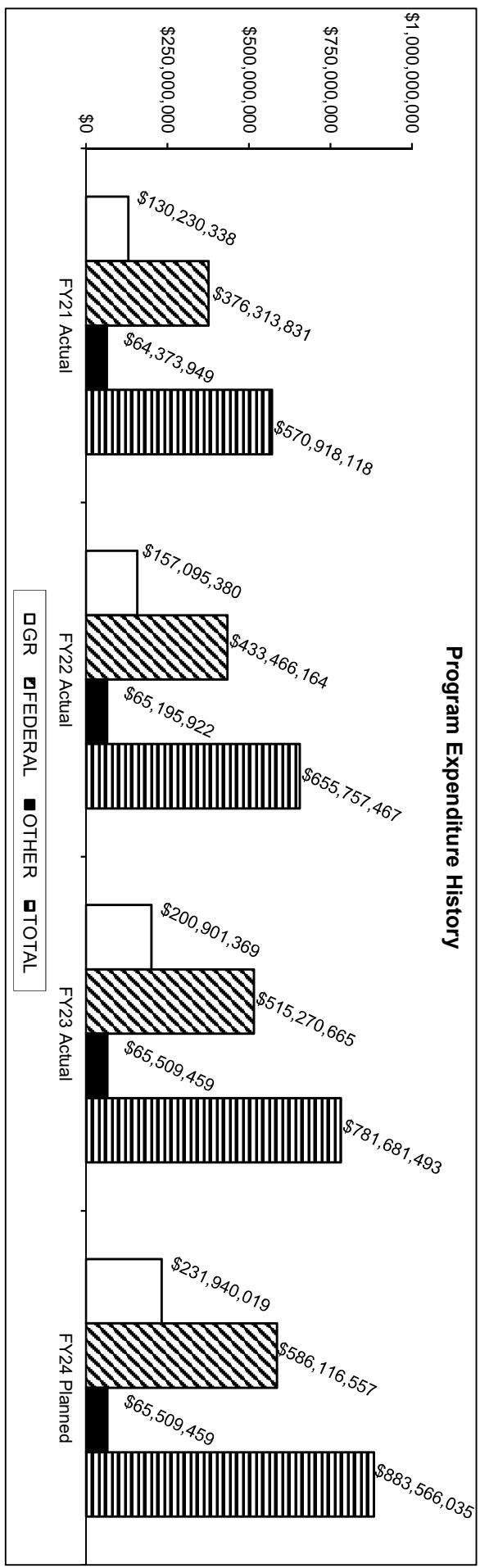


PROGRAM DESCRIPTION

HB Section(s): 11.730

Department: Social Services
Program Name: Nursing Facility
Program is found in the following core budget(s): Nursing Facility

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY2024 expenditures are net of reverted.

- 4. What are the sources of the "Other" funds?**

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal Law: Social Security Act Section 1905(a)(4). Federal Reg: 42 CFR 440.40 and 440.210. State Statute: Sections 208.153, 208.159, 208.201, and 660.017, RSMo.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C
HB Section: 11.730

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	1,245,554	2,735,604	159,305	4,140,463	PSD	1,148,964	2,457,722	159,305
TRF	0	0	0	0	TRF	0	0	0
Total	1,245,554	2,735,604	159,305	4,140,463	Total	1,148,964	2,457,722	159,305
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Health Initiatives Fund (HIF) (0275) - \$159,305

Other Funds: Health Initiatives Fund (HIF) (0275) - \$159,305

2. CORE DESCRIPTION

This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or "skilled") medical services. Home Health services are also available through the MO HealthNet Managed Care health plans (see program description in the Managed Care tab for more information).

3. PROGRAM LISTING (list programs included in this core funding)

Home Health Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C
HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	4,325,837	7,048,757	5,585,636	5,750,636
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	4,325,837	7,048,757	5,585,636	5,750,636
Actual Expenditures (All Funds)	3,945,119	3,381,292	3,531,525	N/A
Unexpended (All Funds)	380,718	3,667,465	2,054,111	N/A
Unexpended, by Fund:				
General Revenue	45,634	247,113	591,194	N/A
Federal	269,254	3,420,352	1,462,917	N/A
Other	65,830	0	0	N/A
	(1)	(2)	(3)	(4)

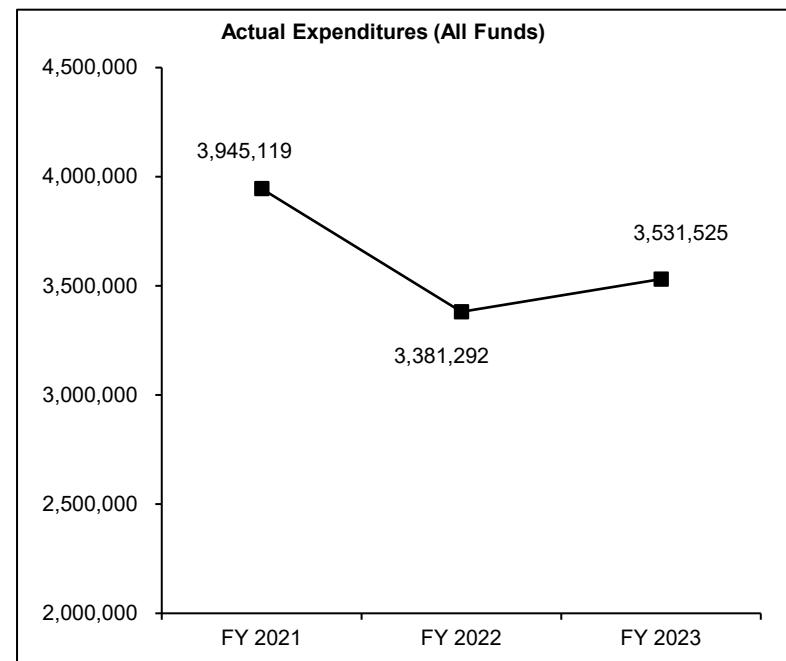
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision Items funded for FMAP Adjustment (\$21,898 GR), Asset Limit CTC (\$2,687 GR; \$5,020 Fed), Asset Limit Phase-In (\$669 GR; \$1,250 Fed).
- (2) FY22 - New Decision Items funded for FMAP Adjustment (\$31,711 Fed), Asset Limit CTC (\$3,733 GR; \$7,251 Fed), Health Pilot Program (\$2,901,385 Fed).
- (3) FY23 - New Decision Items funded for FMAP Adjustment (\$2,727 GR), Home Health Rate Increase (\$664,176 GR; \$1,286,300 Fed).
- (4) FY24 - New Decision Item funded for FMAP Adjustment (\$6,287 Fed).



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
HOME HEALTH

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	1,349,762	2,951,578	159,305	4,460,645	
	Total	0.00	1,349,762	2,951,578	159,305	4,460,645	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction 1109 1798	PD	0.00	0	(215,974)	0	(215,974)	Core reduction due to estimated lapse.
Core Reduction 1109 1797	PD	0.00	(104,208)	0	0	(104,208)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(104,208)	(215,974)	0	(320,182)	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,245,554	2,735,604	159,305	4,140,463	
	Total	0.00	1,245,554	2,735,604	159,305	4,140,463	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction 1109 1798	PD	0.00	0	(254,281)	0	(254,281)	Core reduction due to estimated lapse.
Core Reduction 1109 1797	PD	0.00	(96,590)	0	0	(96,590)	Core reduction due to estimated lapse.
Core Reduction 2477 1798	PD	0.00	0	(23,601)	0	(23,601)	FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	(96,590)	(277,882)	0	(374,472)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,148,964	2,457,722	159,305	3,765,991	
	Total	0.00	1,148,964	2,457,722	159,305	3,765,991	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HOME HEALTH								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,041,336	0.00	1,349,762	0.00	1,245,554	0.00	1,148,964	0.00
TITLE XIX-FEDERAL AND OTHER	2,330,884	0.00	2,951,578	0.00	2,735,604	0.00	2,457,722	0.00
HEALTH INITIATIVES	159,305	0.00	159,305	0.00	159,305	0.00	159,305	0.00
TOTAL - PD	3,531,525	0.00	4,460,645	0.00	4,140,463	0.00	3,765,991	0.00
TOTAL	3,531,525	0.00	4,460,645	0.00	4,140,463	0.00	3,765,991	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	23,601	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	23,601	0.00
TOTAL	0	0.00	0	0.00	0	0.00	23,601	0.00
GRAND TOTAL	\$3,531,525	0.00	\$4,460,645	0.00	\$4,140,463	0.00	\$3,789,592	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
--	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$165,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for payments in Show-Me Healthy Babies.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HOME HEALTH								
CORE								
PROGRAM DISTRIBUTIONS	3,531,525	0.00	4,460,645	0.00	4,140,463	0.00	3,765,991	0.00
TOTAL - PD	3,531,525	0.00	4,460,645	0.00	4,140,463	0.00	3,765,991	0.00
GRAND TOTAL	\$3,531,525	0.00	\$4,460,645	0.00	\$4,140,463	0.00	\$3,765,991	0.00
GENERAL REVENUE	\$1,041,336	0.00	\$1,349,762	0.00	\$1,245,554	0.00	\$1,148,964	0.00
FEDERAL FUNDS	\$2,330,884	0.00	\$2,951,578	0.00	\$2,735,604	0.00	\$2,457,722	0.00
OTHER FUNDS	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

Program is found in the following core budget(s): Home Health

1a. What strategic priority does this program address?

Access to in-home services and reduce cost of care.

1b. What does this program do?

Home health services are medically-oriented treatments or intermittent supervision for individuals with an acute illness which can be therapeutically managed at home. Home health care follows a written plan of treatment reviewed every 60 days by an authorized ordering practitioner. Home health services include skilled nursing, home health aide, medical supplies, and physical, occupational and speech therapies. Only participants who are eligible under aid categories for the adult expansion group, children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapies provided through home health. Therapy is limited and must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Rate History

7/1/22: ~57.5% rate increase to a cap rate of \$125.19.

7/1/19: ~1.5% rate increase to a cap rate of \$79.49.

7/1/18: ~1.5% rate increase to a cap rate of \$78.32.

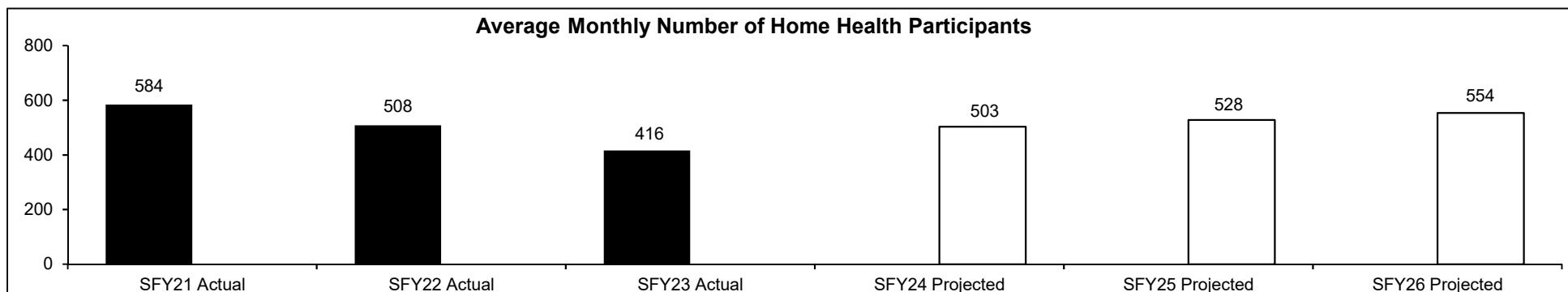
7/1/17: 3% rate decrease to a cap rate of \$77.16.

7/1/16: ~2% rate increase to a cap rate of \$79.47

1/1/16: 1% rate increase funded with Tax Amnesty Fund to a cap rate of \$77.90

2a. Provide an activity measure(s) for the program.

The number of participants accessing the Home Health program is correlated to provider enrollment. The trend since SFY21 shows a decrease in participants accessing this service due to the decrease in the number of enrolled providers. It is the goal of the State to retain current providers and increase provider enrollment, so that more participants may access Home Health services.



PROGRAM DESCRIPTION

Department: Social Services

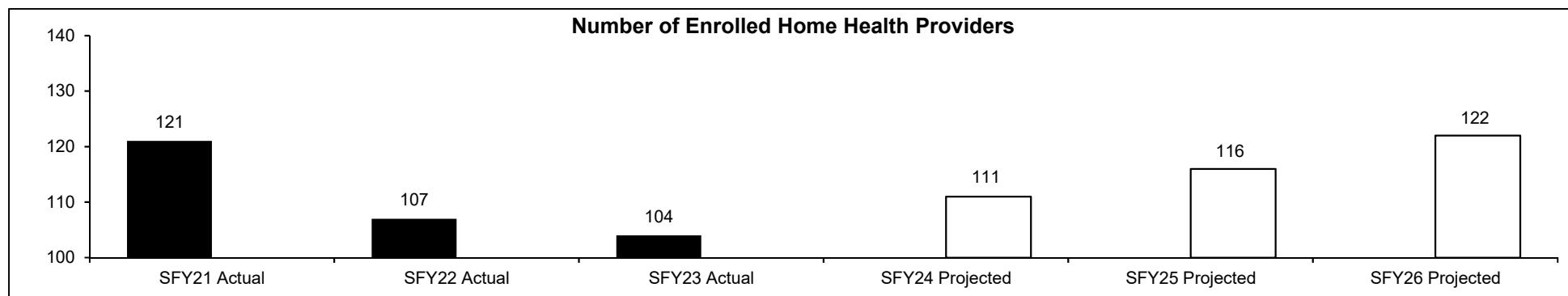
HB Section(s): 11.730

Program Name: Home Health

Program is found in the following core budget(s): Home Health

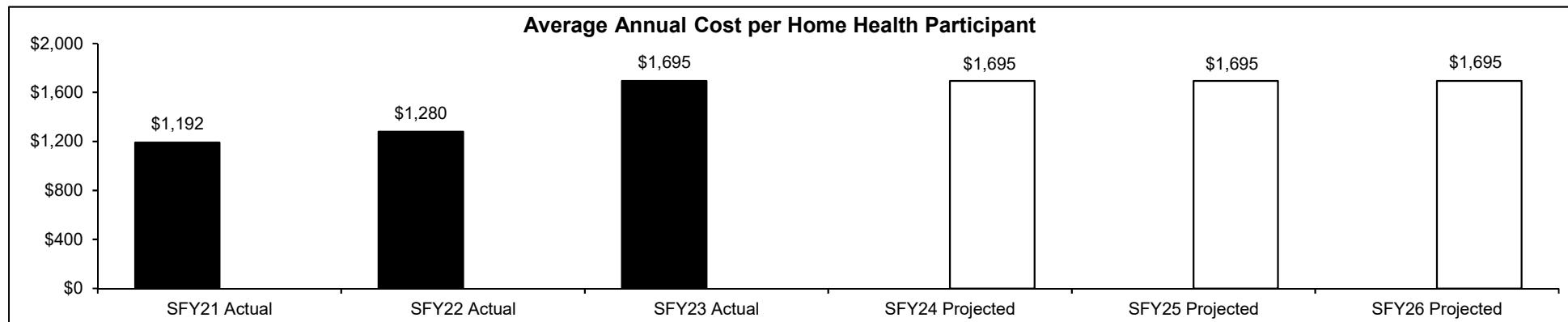
2b. Provide a measure(s) of the program's quality.

The number of enrolled providers is correlated to participant access to services, choices participants have in their service providers, and healthcare options. Providers may be influenced to enroll or continue as a MHD provider by factors such as a reasonable fee schedule, clear and easy to understand policies and forms, and having provider support in place. The trend since SFY21 shows a decrease in enrolled providers. Currently, the Home Health industry reports that they are facing financial hardship due to new federal requirements and funding cuts, not related to state mandates or reimbursement. It is the goal of the State to retain current providers and increase provider enrollment.



2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the graph below shows that, in SFY23, the program's average cost was \$1,695 per participant.



PROGRAM DESCRIPTION

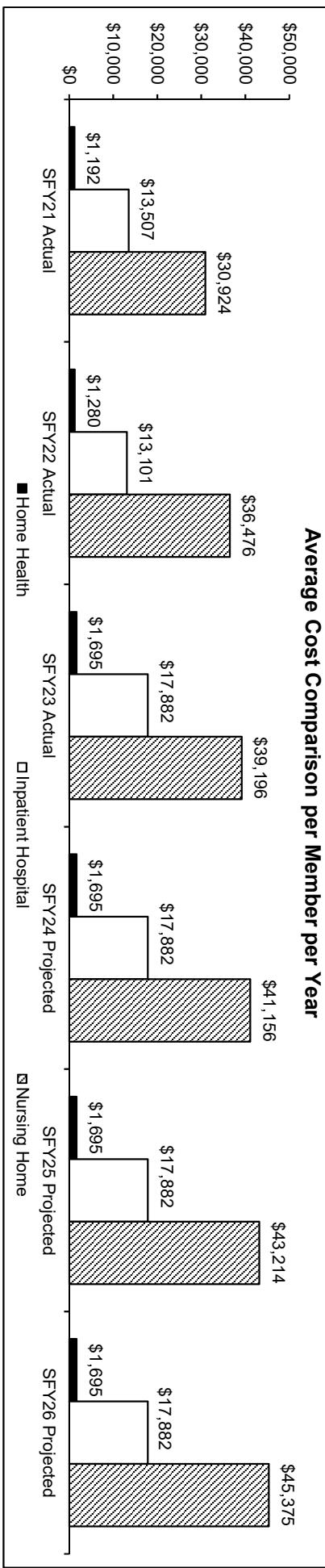
Department: Social Services

Program Name: Home Health

Program is found in the following core budget(s): Home Health

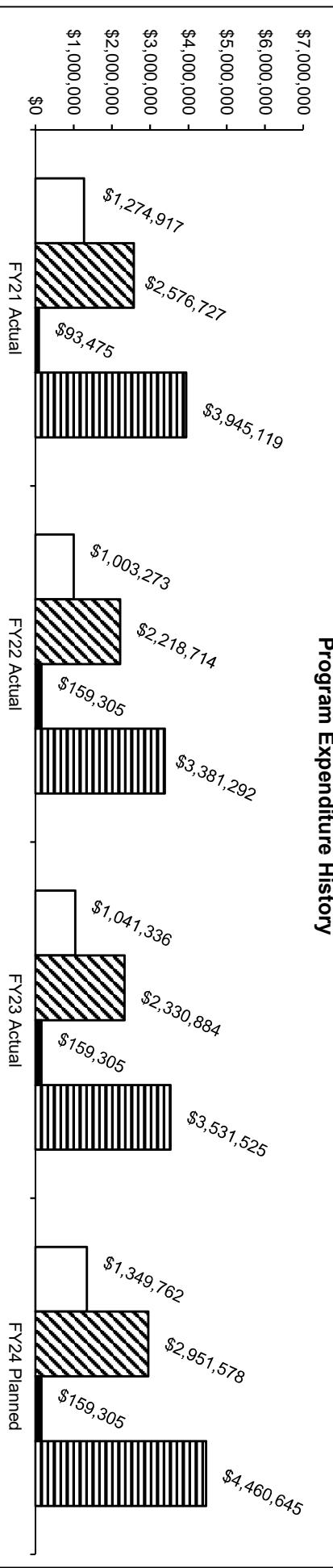
HB Section(s): 11.730

If a participant is able to manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services will be averted.



3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Home Health

Program is found in the following core budget(s): Home Health

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152 RSMo.

Federal Regulations: 42 CFR 440.70 and 440.210.

Social Security Act Sections: 1905(a)(7).

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Home Health is a mandatory Medicaid program.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.735

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	372,982,362	372,982,362
TRF	0	0	0	0
Total	0	0	372,982,362	372,982,362

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	128,678,915	128,678,915
TRF	0	0	0	0
Total	0	0	128,678,915	128,678,915

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$372,982,362

Other Funds:

Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$128,678,915

2. CORE DESCRIPTION

This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Reimbursement Allowance (NFRA) Program

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90567C

Division: MO HealthNet

HB Section: 11.735

Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	364,882,362	364,882,362	364,882,362	372,982,362
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	364,882,362	364,882,362	364,882,362	372,982,362
Actual Expenditures (All Funds)	293,336,147	308,511,703	321,376,118	N/A
Unexpended (All Funds)	71,546,215	56,370,659	43,506,244	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	71,546,215	56,370,659	43,506,244	N/A
(1)				(2)

*Current Year restricted amount is as of 1/15/2024.

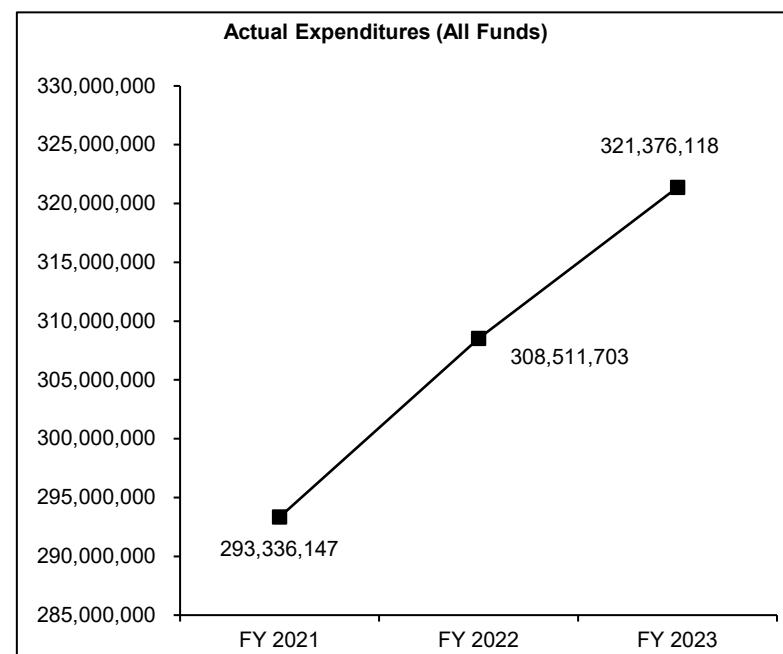
Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision item funded for Cost to Continue (\$13,433,597).

(2) FY24 - New Decision item funded for NF Rate Increase (\$8,100,000).



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	0	372,982,362	372,982,362	
	Total	0.00	0	0	372,982,362	372,982,362	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	372,982,362	372,982,362	
	Total	0.00	0	0	372,982,362	372,982,362	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2502 1606	PD	0.00	0	0 (244,303,447) (244,303,447)	NFRA core reduction with corresponding NDI pickup of federal authority.	
	NET GOVERNOR CHANGES	0.00	0	0 (244,303,447) (244,303,447)			
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	128,678,915	128,678,915	
	Total	0.00	0	0	128,678,915	128,678,915	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM-SPECIFIC								
NURSING FACILITY FED REIM ALLW	321,376,118	0.00	372,982,362	0.00	372,982,362	0.00	128,678,915	0.00
TOTAL - PD	321,376,118	0.00	372,982,362	0.00	372,982,362	0.00	128,678,915	0.00
TOTAL	321,376,118	0.00	372,982,362	0.00	372,982,362	0.00	128,678,915	0.00
FRA Provider Tax Restructure - 1886062								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	244,303,447	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	244,303,447	0.00
TOTAL	0	0.00	0	0.00	0	0.00	244,303,447	0.00
GRAND TOTAL	\$321,376,118	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$372,982,362	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	321,376,118	0.00	372,982,362	0.00	372,982,362	0.00	128,678,915	0.00
TOTAL - PD	321,376,118	0.00	372,982,362	0.00	372,982,362	0.00	128,678,915	0.00
GRAND TOTAL	\$321,376,118	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$128,678,915	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$321,376,118	0.00	\$372,982,362	0.00	\$372,982,362	0.00	\$128,678,915	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.735

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

1a. What strategic priority does this program address?

Enhanced reimbursement to nursing facilities caring for MO HealthNet participants

1b. What does this program do?

The Nursing Facility Reimbursement Allowance (NFRA) program assesses nursing facilities a fee for the privilege of doing business in the state of Missouri. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the nursing facilities and the federal earnings fund is used to provide enhanced payment rates for the nursing facility program. The NFRA program was implemented in SFY 1995 as part of a total restructuring of reimbursement for nursing facilities and are used to provide enhanced reimbursement rates that target quality patient care. *For additional details on the nursing facility reimbursement methodology, see the program description in the Nursing Facilities tab.*

The NFRA program has been reauthorized through September 30, 2024.

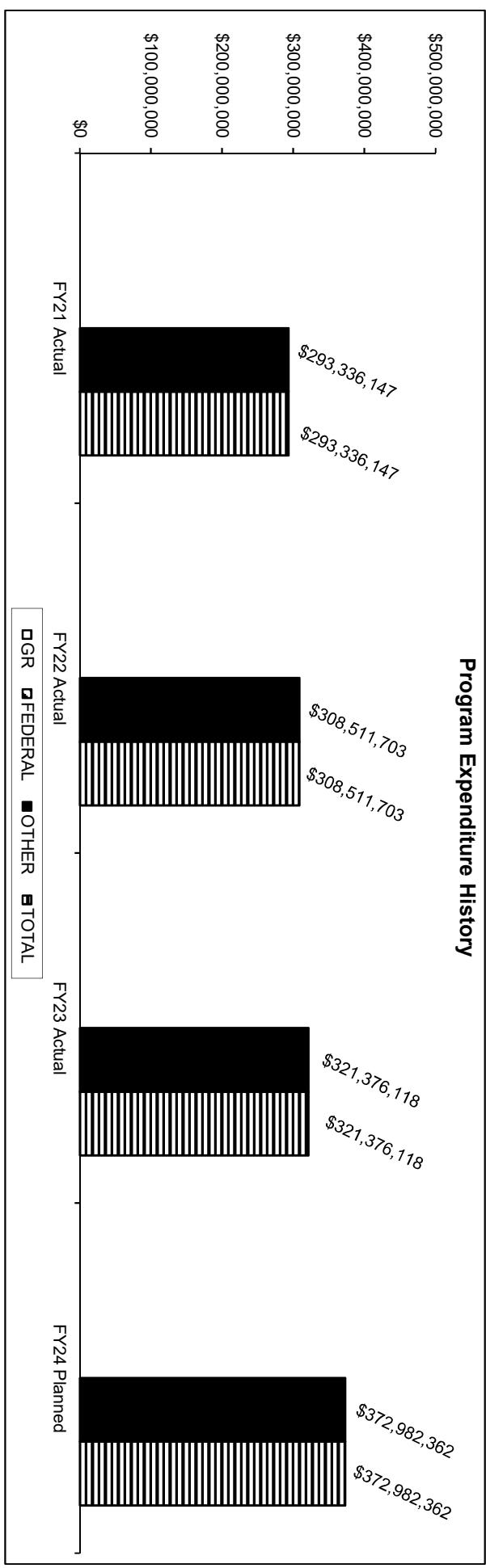
The NFRA is assessed to all nursing facilities on a per patient day basis (i.e., the number of days that licensed nursing facility beds are occupied by patients). The current NFRA rate per day is multiplied by the annualized level of patient days to determine the annual assessment owed by a nursing facility which MHD collects on a monthly basis throughout the year. MHD recalculates the assessment at the beginning of each state fiscal year using updated patient days and an updated NFRA rate, if applicable. The patient days are updated each state fiscal year using the Quarterly Certification of Need (CON) Survey from the Department of Health and Senior Services.

SFY	Assessment Rate
2019-2024	\$12.93
2016-2018	\$13.40
2013-2015	\$12.11
2012	\$11.70
2011	\$9.27
2010	\$9.07

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION**Department:** Social Services**Program Name:** Nursing Facility Reimbursement Allowance (NFRA) Payments**Program is found in the following core budget(s):** Nursing Facility Reimbursement Allowance (NFRA)**HB Section(s):** 11.735

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

Nursing Facility Reimbursement Allowance Fund (0196)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal Law: Social Security Act, Section 1903(w). Federal Reg: 42 CFR 433, Subpart B. State Statute: Section 198.401, RSMO.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.740

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	7,228,054	3,722,714	10,950,768
TRF	0	0	0	0
Total	0	7,228,054	3,722,714	10,950,768

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	7,172,753	3,722,714	10,895,467
TRF	0	0	0	0
Total	0	7,172,753	3,722,714	10,895,467

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Long Term Support UPL (0724) - \$3,722,714

Other Funds: Long Term Support UPL (0724) - \$3,722,714

2. CORE DESCRIPTION

This program provides a supplemental payment to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit.

3. PROGRAM LISTING (list programs included in this core funding)

Long Term Support Payments

CORE DECISION ITEM

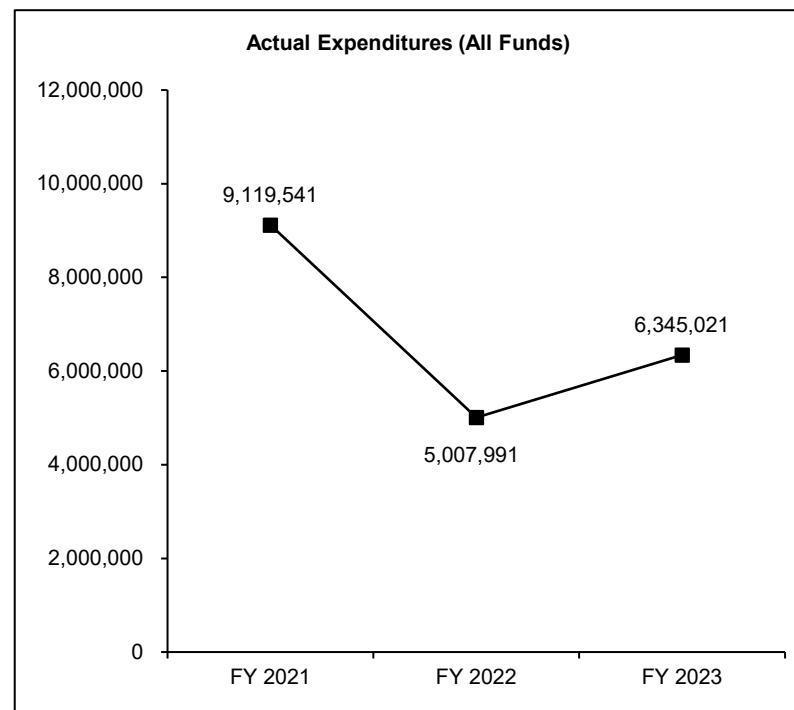
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.740

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Actual Expenditures (All Funds)	9,119,541	5,007,991	6,345,021	N/A
Unexpended (All Funds)	1,831,227	5,942,777	4,605,747	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	1,195,411	3,859,087	4,175,658	N/A
Other	635,816	2,083,690	2,169,363	N/A
		(1)	(2)	



*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - New Decision Item funded for FMAP Adjustment (\$39,368 Fed)

(2) FY24 - New Decision Item funded for FMAP Adjustment (\$6,296 Fed)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	7,228,054	3,722,714	10,950,768	
	Total	0.00	0	7,228,054	3,722,714	10,950,768	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	7,228,054	3,722,714	10,950,768	
	Total	0.00	0	7,228,054	3,722,714	10,950,768	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2478 8236	PD	0.00	0	(55,301)	0	(55,301) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	0	(55,301)		0	(55,301)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	7,172,753	3,722,714	10,895,467	
	Total	0.00	0	7,172,753	3,722,714	10,895,467	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	4,175,658	0.00	7,228,054	0.00	7,228,054	0.00	7,172,753	0.00
LONG-TERM SUPPORT UPL	2,169,363	0.00	3,722,714	0.00	3,722,714	0.00	3,722,714	0.00
TOTAL - PD	6,345,021	0.00	10,950,768	0.00	10,950,768	0.00	10,895,467	0.00
TOTAL	6,345,021	0.00	10,950,768	0.00	10,950,768	0.00	10,895,467	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
LONG-TERM SUPPORT UPL	0	0.00	0	0.00	0	0.00	55,301	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	55,301	0.00
TOTAL	0	0.00	0	0.00	0	0.00	55,301	0.00
GRAND TOTAL	\$6,345,021	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,950,768	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	6,345,021	0.00	10,950,768	0.00	10,950,768	0.00	10,895,467	0.00
TOTAL - PD	6,345,021	0.00	10,950,768	0.00	10,950,768	0.00	10,895,467	0.00
GRAND TOTAL	\$6,345,021	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$10,895,467	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$4,175,658	0.00	\$7,228,054	0.00	\$7,228,054	0.00	\$7,172,753	0.00
OTHER FUNDS	\$2,169,363	0.00	\$3,722,714	0.00	\$3,722,714	0.00	\$3,722,714	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.740

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

1a. What strategic priority does this program address?

Provide additional reimbursement to qualifying public nursing facilities

1b. What does this program do?

This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government and private).

Annual payments are made to the following qualifying public nursing facilities through an approved state plan amendment:

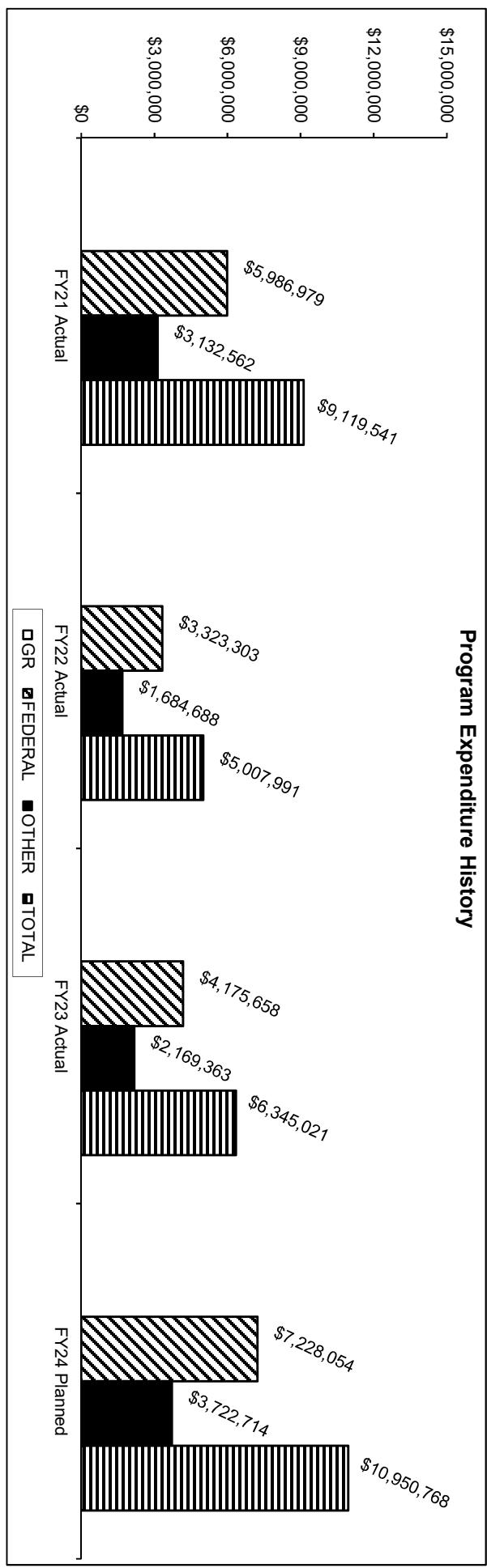
- University Health Lakewood Care Center (formerly known as Truman Medical Center - Lakewood)
- Pemiscot Memorial Hospital

An intergovernmental transfer (IGT) process is used to fund the non-federal share of the payment. The qualifying facilities use the IGT process to transfer the non-federal share of payments to the state prior to the state making the payments. The state pays out the total claimable amount, including both the state and federal share. The state demonstrates that the non-federal share of the payments is transferred to, and is under the administrative control of, the MO HealthNet Division before the total computable payment is made to the qualifying public nursing facilities.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION**Department:** Social Services**Program Name:** Long Term Support Payments**Program is found in the following core budget(s):** Long Term Support Payments**HB Section(s):** 11.740

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

Long Term Support UPL Fund (0724)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal Reg: 42 CFR 447.272. State Statute: Section 208.201, RSMo.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.745

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	105,841,754	172,787,694	27,075,641	305,705,089
TRF	0	0	0	0
Total	105,841,754	172,787,694	27,075,641	305,705,089

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	95,759,205	172,787,694	10,394,941	278,941,840
TRF	0	0	0	0
Total	95,759,205	172,787,694	10,394,941	278,941,840

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$194,881

Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043

Ambulance Service Reimbursement Allowance (0958) - \$25,466,717

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$194,881

Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043

Ambulance Service Reimbursement Allowance (0958) - \$8,786,017

2. CORE DESCRIPTION

This item funds rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C
HB Section: 11.745

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	319,724,419	347,850,730	325,600,257	374,197,434
Less Reverted (All Funds)	(14,900)	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	319,709,519	347,850,730	325,600,257	374,197,434
Actual Expenditures (All Funds)	307,942,592	319,763,244	311,363,058	N/A
Unexpended (All Funds)	11,766,927	28,087,486	14,237,199	N/A
Unexpended, by Fund:				
General Revenue	2,222,042	12,542,640	2,546,991	N/A
Federal	2,593,720	2,672,464	3,350,400	N/A
Other	6,951,165	12,872,383	8,339,807	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

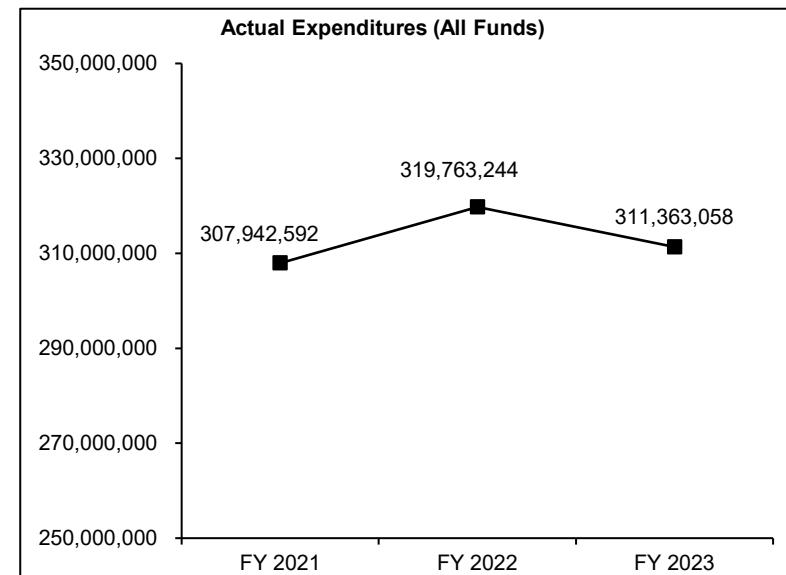
NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$11,436,479 FED), Cost to Continue (\$6,443,013 GR), Asset Limit CTC (\$367,712 GR; \$879,325 FED; \$103,008 OTH), Asset Limit Phase-In (\$83,317 GR; \$218,911 FED; \$33,872 OTH), Ground Ambulance Base Rate Increase (\$1,691,518 FED; \$1,131,012 OTH). \$9,900,000 GR was flexed in to cover program expenditures.

(2) FY22 - New Decision Items funded for FMAP Adjustment (\$22,065,595 FED), Cost of Continue (\$14,507,433 GR), Hospice Rate Increase (\$2,470,685 GR; \$4,798,173 FED), Asset Limit CTC (\$151,151 GR; \$378,507 FED), Air Ambulance Rate Increase (\$1,161,468 GR; \$1,897,442 FED), EMS COVID Vaccine Rollout (\$5,000,000 FED). Supplemental funded for \$31,054,279. \$12,022,865 was flexed in and \$12,341,000 was used as flex to cover other program expenditures. \$5,000,000 of SEMA Federal Stimulus Fund (2335) was held in agency reserve.

(3) FY23 - New Decision Items were funded for Nursing Facility Rate Rebase (\$5,315,951 GR; 10,295,322 Fed), MHD CTC (\$25,329,938 GR), Family First CTC (\$164,836 GR; \$325,164 Fed), FMAP Adjustment (\$14,126,705 GR), Hospice Rate Increase (\$209,783 GR; \$403,798 Fed), MHD Provider Rate Increase (\$3,161,458 GR; \$6,122,749 Fed). \$25,435,415 was flexed in and \$25,853,195 was used as flex to cover program expenditures.

(4) FY24 - New Decision Items funded for FMAP Adjustment (\$13,125,245 Fed), MHD CTC (\$24,943,611 GR; \$12,294,791 Fed), Hospice Rate Increase (\$145,936 GR; \$283,351 Fed), Hospice NF Rate Increase (\$2,202,876 GR; \$4,277,124 Fed). Supplemental awarded for \$56,611,045.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
REHAB AND SPECIALTY SERVICES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	114,191,346	172,787,694	27,075,641	314,054,681	
	Total	0.00	114,191,346	172,787,694	27,075,641	314,054,681	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1113 8204	PD	0.00	(8,349,592)	0	0	(8,349,592) Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(8,349,592)		0	0	(8,349,592)
DEPARTMENT CORE REQUEST							
	PD	0.00	105,841,754	172,787,694	27,075,641	305,705,089	
	Total	0.00	105,841,754	172,787,694	27,075,641	305,705,089	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1113 8204	PD	0.00	688,184	0	0	688,184 Core reduction due to estimated lapse.
Core Reduction	2479 8204	PD	0.00	(10,770,733)	0	0	(10,770,733) FMAP adjustment reduction
Core Reduction	2503 7368	PD	0.00	0	0	(16,680,700)	(16,680,700) AFRA core reduction with corresponding NDI pickup of federal authority.
NET GOVERNOR CHANGES		0.00	(10,082,549)		0	(16,680,700)	(26,763,249)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	95,759,205	172,787,694	10,394,941	278,941,840	
	Total	0.00	95,759,205	172,787,694	10,394,941	278,941,840	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
REHAB AND SPECIALTY SERVICES								
CORE								
EXPENSE & EQUIPMENT								
AMBULANCE SERVICE REIMB ALLOW	125,000	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	125,000	0.00	0	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	116,227,245	0.00	114,191,346	0.00	105,841,754	0.00	95,759,205	0.00
TITLE XIX-FEDERAL AND OTHER	176,399,980	0.00	172,787,694	0.00	172,787,694	0.00	172,787,694	0.00
NURSING FACILITY FED REIM ALLW	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00	1,414,043	0.00
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	194,881	0.00
AMBULANCE SERVICE REIMB ALLOW	17,001,910	0.00	25,466,717	0.00	25,466,717	0.00	8,786,017	0.00
TOTAL - PD	311,238,059	0.00	314,054,681	0.00	305,705,089	0.00	278,941,840	0.00
TOTAL	311,363,059	0.00	314,054,681	0.00	305,705,089	0.00	278,941,840	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	10,770,733	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	10,770,733	0.00
TOTAL	0	0.00	0	0.00	0	0.00	10,770,733	0.00
Hospice Rate Increase - 1886008								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	131,981	0.00	134,198	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	256,998	0.00	254,781	0.00
TOTAL - PD	0	0.00	0	0.00	388,979	0.00	388,979	0.00
TOTAL	0	0.00	0	0.00	388,979	0.00	388,979	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	36,445,028	0.00	32,461,172	0.00
TOTAL - PD	0	0.00	0	0.00	36,445,028	0.00	32,461,172	0.00
TOTAL	0	0.00	0	0.00	36,445,028	0.00	32,461,172	0.00

1/24/24 15:11

im_disummary

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
REHAB AND SPECIALTY SERVICES								
FRA Provider Tax Restructure - 1886062								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	16,680,700	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	16,680,700	0.00
TOTAL	0	0.00	0	0.00	0	0.00	16,680,700	0.00
GRAND TOTAL	\$311,363,059	0.00	\$314,054,681	0.00	\$342,539,096	0.00	\$339,243,424	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind). Additionally, 10% flexibility is requested between this section, 11.375 (Qualified Residential IMD/Non-IMD), 11.380 (Residential Treatment), and 11.745 (Rehab and Specialty Services).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$22,353,195	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care, Nursing Facilities, Complex Rehab, and Premium Payments.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need. The MHD rehab section pays for rehab services provided by residential facilities which pass through Medicaid Payroll.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
REHAB AND SPECIALTY SERVICES								
CORE								
PROFESSIONAL SERVICES	125,000	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	125,000	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	311,238,059	0.00	314,054,681	0.00	305,705,089	0.00	278,941,840	0.00
TOTAL - PD	311,238,059	0.00	314,054,681	0.00	305,705,089	0.00	278,941,840	0.00
GRAND TOTAL	\$311,363,059	0.00	\$314,054,681	0.00	\$305,705,089	0.00	\$278,941,840	0.00
GENERAL REVENUE	\$116,227,245	0.00	\$114,191,346	0.00	\$105,841,754	0.00	\$95,759,205	0.00
FEDERAL FUNDS	\$176,399,980	0.00	\$172,787,694	0.00	\$172,787,694	0.00	\$172,787,694	0.00
OTHER FUNDS	\$18,735,834	0.00	\$27,075,641	0.00	\$27,075,641	0.00	\$10,394,941	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

1a. What strategic priority does this program address?

Provide additional support services to MO HealthNet (MHD) participants.

1b. What does this program do?

The purpose of the Rehabilitation and Specialty Services programs is to ensure that medical services are provided to MHD participants, who would otherwise not have access to such services. The MHD ensures this by reimbursing providers for rehabilitation and specialty services that are medically necessary for eligible participants.

Rehabilitation and specialty services funded from this core include the following:

- Audiology/Hearing Aid
- Optical
- Durable Medical Equipment (DME)
- Ambulance
- Physical Therapy, Occupational Therapy, Speech Therapy, and Adaptive Training for prosthetic/orthotic devices when performed in a rehabilitation center
- Hospice
- Comprehensive Day Rehabilitation for individuals with traumatic brain injuries
- Children's Residential Treatment
- Treat No Transport

Unless otherwise noted, rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, the blind, and nursing home facility residents (including Independent Care Facilities for Individuals with Intellectual Disabilities - ICF/ID).

Service Information

Audiology/Hearing Aid

Audiology/Hearing Aid program provides medically necessary audiology services to MHD participants. Hearing aids are a covered service for children ages 20 and under, pregnant women, participants in a category of assistance for the blind, and participants living in a vendor/nursing facility. A participant is entitled to one (1) new hearing aid and related services every four (4) years. However, services for children under the EPSDT program are determined to be whatever is medically necessary. See the Physician Services for more information about EPSDT benefits. Other covered services include audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs.

The intent of this program is to prevent additional or total hearing loss for children under the age of 20, as well as provide a better quality of life to all deaf or hard of hearing participants. MHD attempts to increase a participant's quality of life and to reduce future MHD spending for speech/language therapy and cognitive development services for hearing impaired children.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Optical

The MO HealthNet Optical Program covers the following types of providers and services:

- Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services
- Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services)
- Opticians - eyeglasses and artificial eyes

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/ID) are eligible for an eye exam every 12 months. MO HealthNet participants age 21 and over are eligible for an eye exam every 24 months. MO HealthNet eligible participants are allowed one pair of complete eyeglasses every two years. Participants may be eligible for an additional eye exam and new lens within the stated time periods if the participant has a .50 diopter change in one or both eyes. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria. Services related to trauma or treatment of disease/medical conditions remain a covered benefit for all MO HealthNet participants.

Ambulance

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) as medically necessary.

Providers are required to provide the MHD with the Missouri Ambulance Reporting Form (trip ticket) to receive reimbursement when mileage charges are indicated on the CMS-1500 claim form. Charges for mileage must be based on loaded mileage, from the point of pickup of a participant to his or her arrival at the intended destination. The MHD does not reimburse for mileage that is less than 0.5 miles from point of pickup to destination.

DME

MO HealthNet reimburses qualified Durable Medical Equipment (DME) providers for certain items of durable medical equipment such as: apnea monitors; artificial larynx and related items; augmentative communication devices; canes; crutches; commodes; bed pans; adult incontinence briefs; urinals; CPAP devices; decubitus care equipment; hospital beds; side rails; humidifiers; BiPAP machines; IPPB machines; insulin pumps and supplies; labor and repair codes; nebulizers; orthotics; ostomy supplies; oxygen and respiratory equipment; patient lifts and trapeze; prosthetics; scooters; suction pumps; total parenteral nutrition mix; supplies and equipment; wheelchairs; wheelchair accessories; and walkers. These items must be prescribed.

Treat No Transport

The Treat No Transport (TNT) program funds a new procedure code which will reimburse emergency medical technicians or paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department. This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department. If the emergency medical technician or paramedic determines that an emergency does not exist, the participant will be treated on-site. The emergency medical technician or paramedic may also refer the participant for follow-up services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Rate History

Audiology/Hearing Aid, Optical, DME, and Rehabilitative Therapies

07/01/2022: Audiology Services, Optical Services, and Rehabilitative Therapies rates were increased to 85% of the Medicare rate.
07/01/2019: 1.5% rate increase for all covered services*
07/01/2018: 1.5% rate increase for all covered services*
07/01/2017: 3% rate decrease for all covered services
07/01/2016: ~2% rate increase for all covered services
01/01/2016: 1% rate increase for all covered services (funded by the Tax Amnesty Fund)

* All covered services in these programs received a rate increase with the exception of DME services affected by the 21st Century CURES Act, as described in the MHD Provider Bulletin located at <https://dss.mo.gov/mhd/providers/pdf/bulletin41-06-2018july19.pdf>

Ambulance

07/01/2022: 80% of Medicare rate for ambulance mileage
07/01/2021: 60% of Medicare rate for air ambulance
07/01/2020: \$45 base rate increase for ground ambulance*
07/01/2019: 1.5% rate increase for all ambulance services
07/01/2018: 1.5% rate increase for all ambulance services
07/01/2017: \$45 base rate increase for ground ambulance - 3% rate decrease for all ambulance services*
07/01/2016: \$45 base rate increase for ground ambulance; ~2% rate increase for all ambulance services; and an additional 51% increase for certain helicopter emergency services*
01/01/2016: 1% rate increase for all ambulance services (funded by the Tax Amnesty Fund)

* Base rates are paid based on an established fee schedule and vary depending upon the appropriate billing code. The \$45 increase was added to each billing code's rate on the existing MHD Ambulance Fee Schedule.

Hospice

07/01/2022: 3.58% rate increase
07/01/2021: 2.21% rate increase
07/01/2020: 2.5% rate increase
07/01/2019: 2.11% rate increase
07/01/2018: 1.08% rate restoration
07/01/2017: 1.80% rate increase
07/01/2016: 3.94% rate increase

PROGRAM DESCRIPTION

Department: Social Services

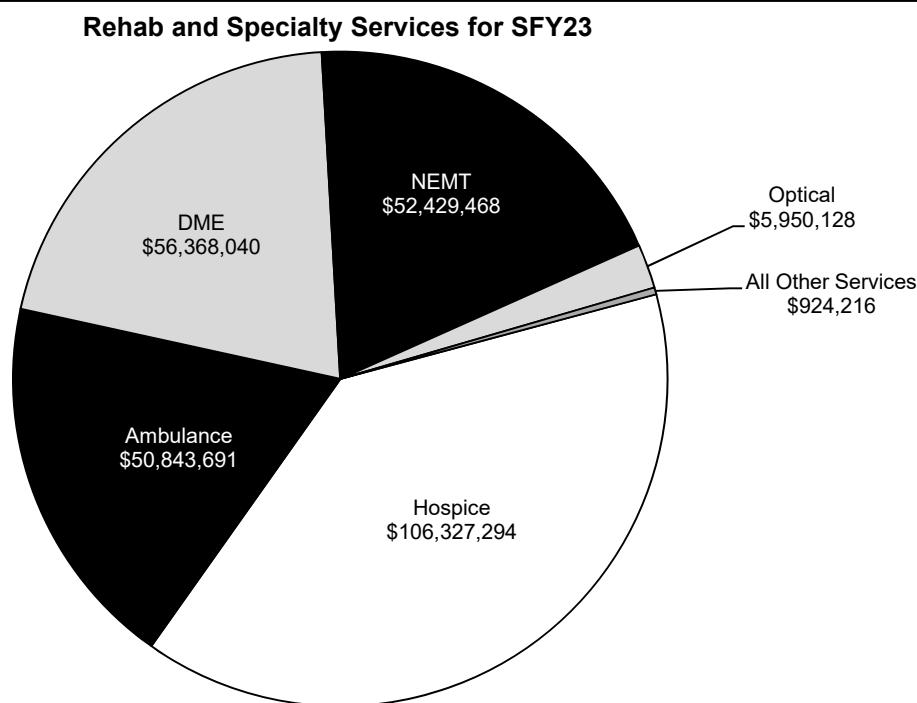
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

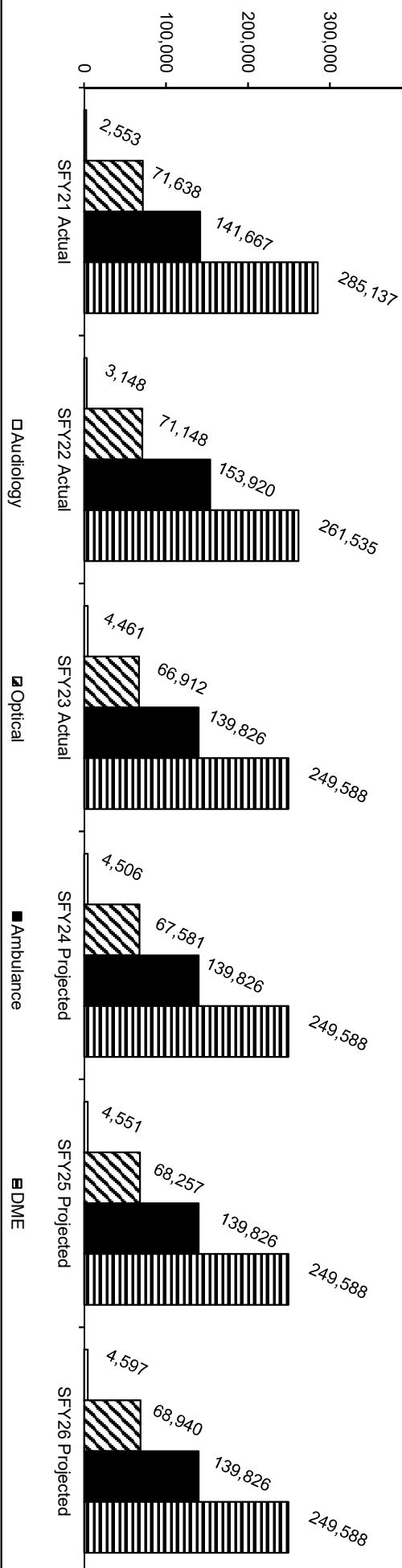
2a. Provide an activity measure(s) for the program.

The rehab program comprises 2.87% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation (NEMT), and optical, based on total SFY 2023 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.

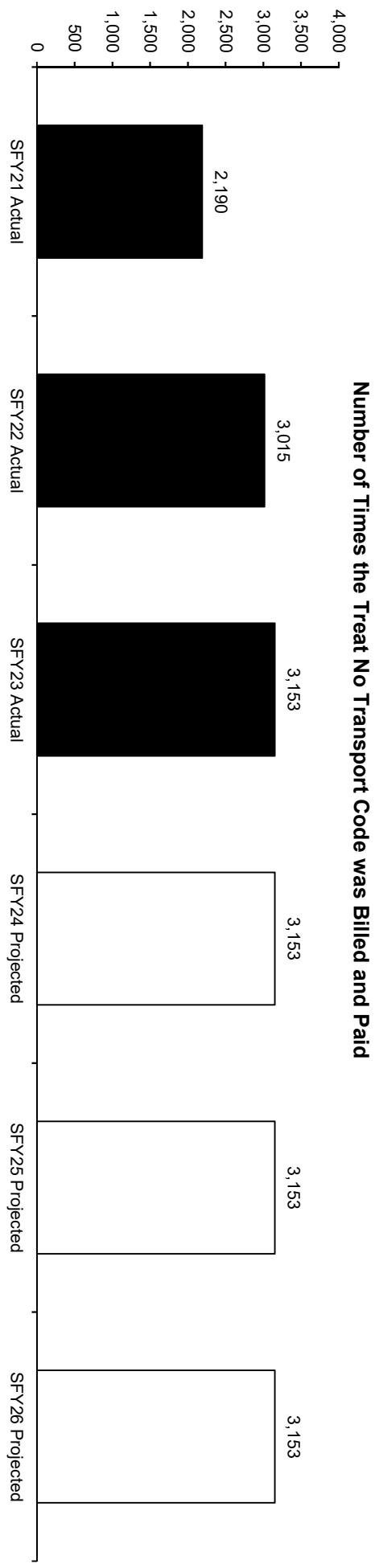


PROGRAM DESCRIPTION**HB Section(s): 11.745**

Department: Social Services
Program Name: Rehab and Specialty Services
Program is found in the following core budget(s): Rehab and Specialty Services

Total Number of Participants Who Received Services

Note: Does not include Complex Rehab DME services.

Number of Times the Treat No Transport Code was Billed and Paid

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

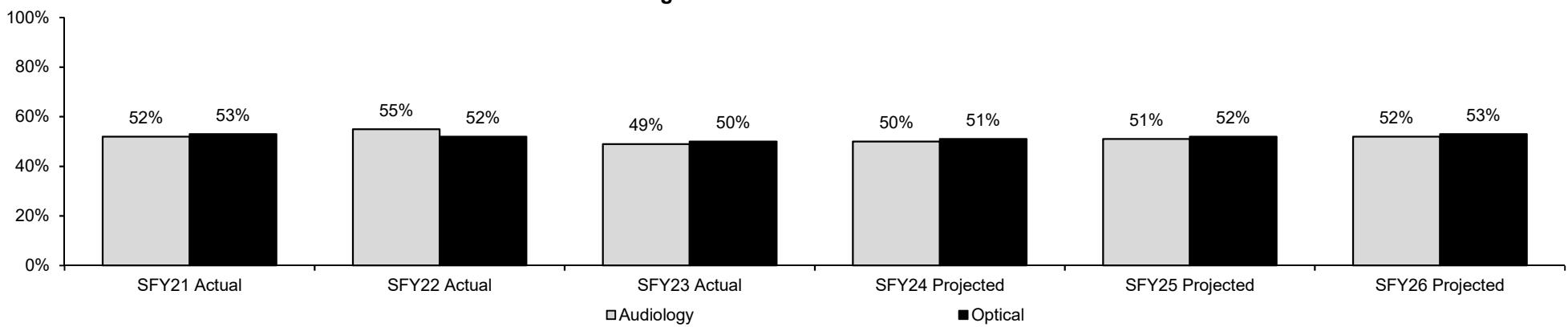
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

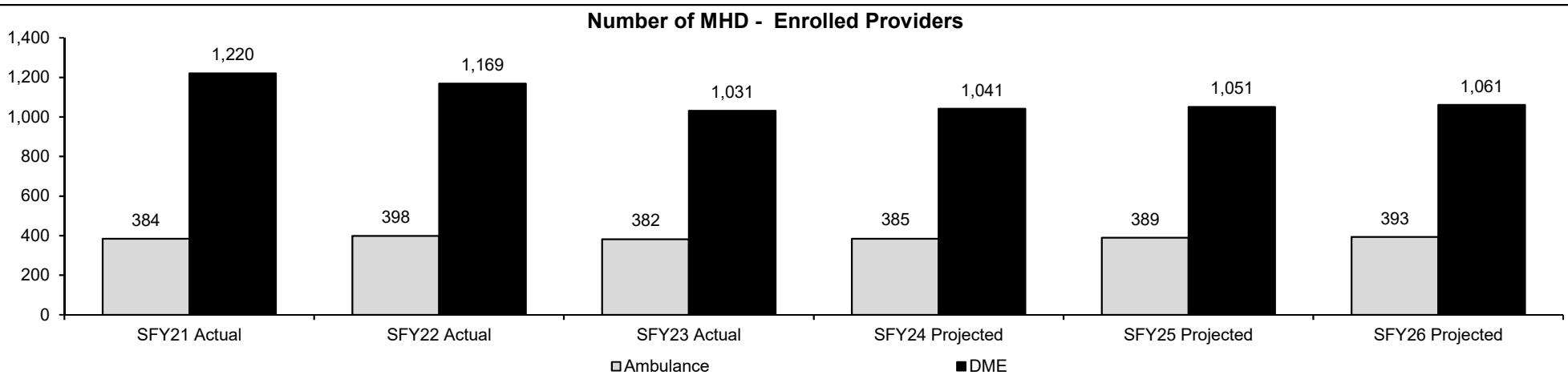
2b. Provide a measure(s) of the program's quality.

A measure of a program's quality would be the number of active (enrolled) providers versus the total number of licensed providers in Missouri (for each program). If MHD has an adequate number of enrolled providers, it shows that the payment rates are appropriate and that providers want to participate in the program.

Percentage of MHD - Enrolled Providers



Number of MHD - Enrolled Providers



PROGRAM DESCRIPTION

Department: Social Services

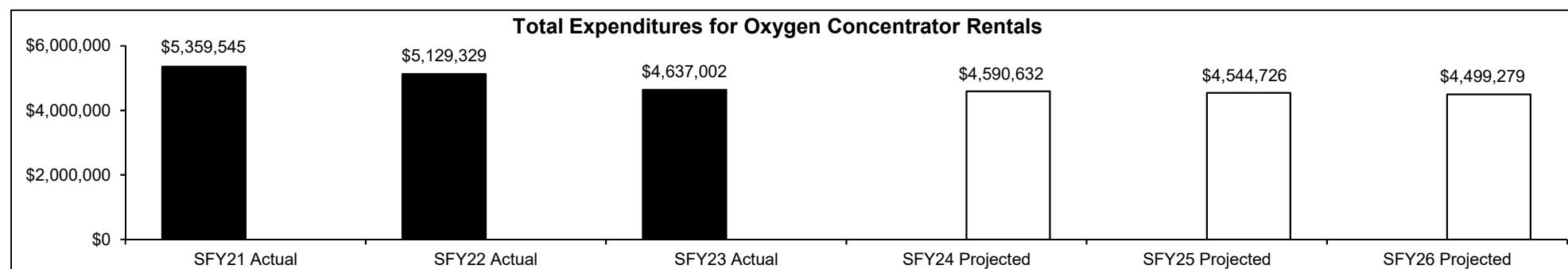
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

DME- Outcome Benefits of Improved Chronic Obstructive Pulmonary Disease (COPD)

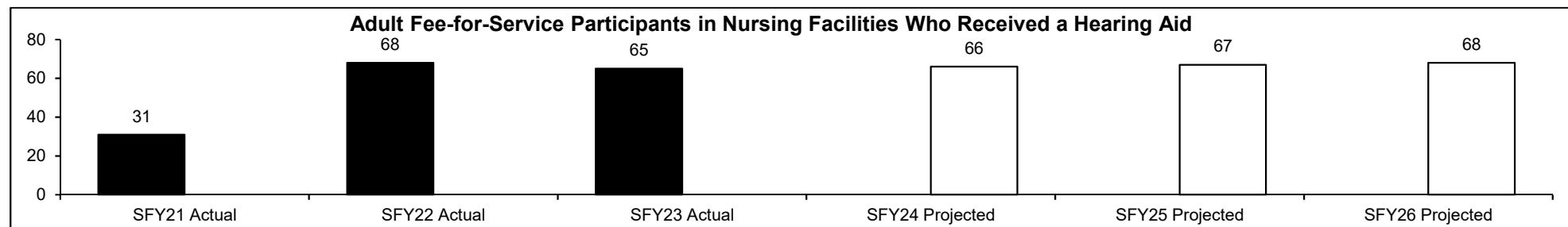
Over the past two SFY's, the State of Missouri has seen an overall improvement with people affected by COPD. This is due mainly in part to the improvement of COPD medication and treatments that are now more readily available. In correlation with that, in SFY23, the total expenditures for oxygen concentrator rentals decreased from \$5,129,329 to \$4,637,002. The utilization of this rental item continues to decline due to the improvement of COPD medication and treatments now available. The continued decrease of participants who smoke also contributes to the decreased utilization of this item.



2c. Provide a measure(s) of the program's impact.

Audiology/Hearing Aid

MHD only covers hearing aids for children, pregnant women, participants who are in a category of assistance for the blind and participants living in a nursing facility. Statewide Managed Care implementation reduced the FFS population by enrolling most children and pregnant women. Blind participants receive two (2) hearing aids. Participants living in a nursing home are allowed one (1) hearing aid. Access to nursing facilities was limited in SFY21 due to COVID-19 restrictions, resulting in a decreased number of participants in nursing homes receiving hearing aid services. SFY21 to SFY 22 increased due to the access restrictions being lifted after COVID-19.



PROGRAM DESCRIPTION

Department: Social Services

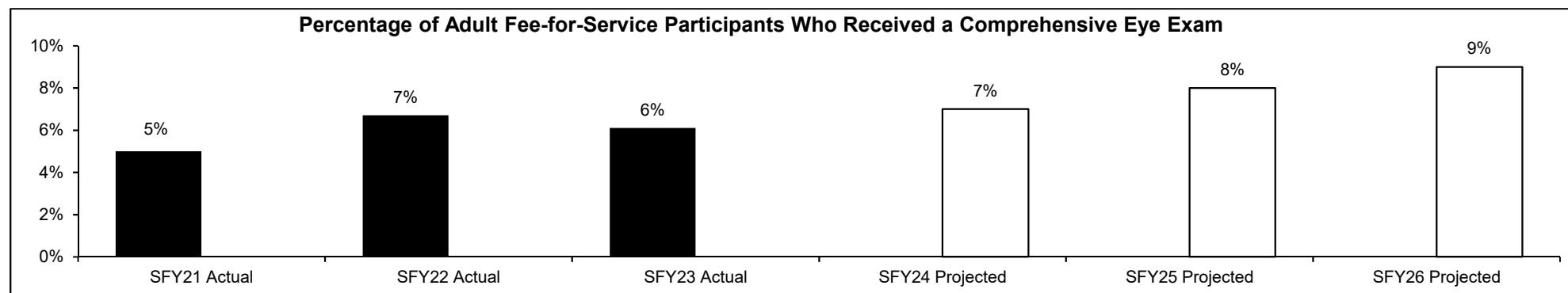
HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

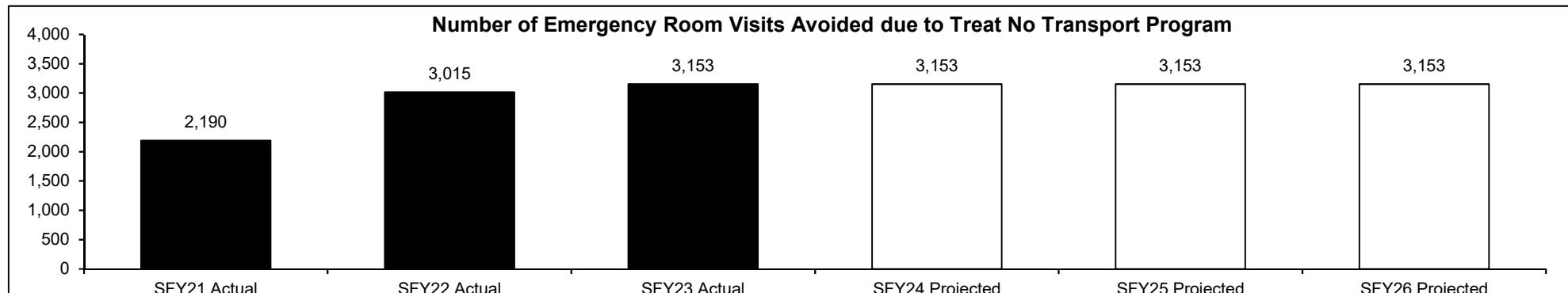
Optical

According to the National Academies of Sciences, vision impairment can cause additional health issues for individuals, including a lower quality of life, mobility issues, falls and injuries, depression and other behavioral health issues. By having regular optical exams, these potential health issues can be avoided, as well as identifying other health conditions, such as diabetes. MHD allows for the reimbursement of one (1) optical exam every two (2) years for adult FFS participants.



Treat No Transport (TNT)

The TNT program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department.



PROGRAM DESCRIPTION

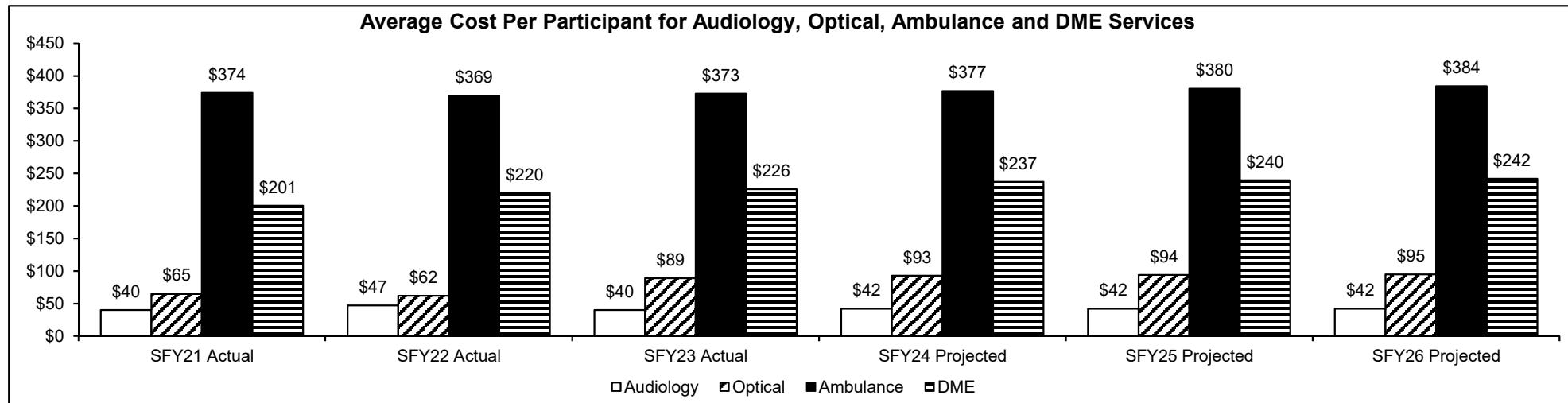
Department: Social Services

HB Section(s): 11.745

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2d. Provide a measure(s) of the program's efficiency.

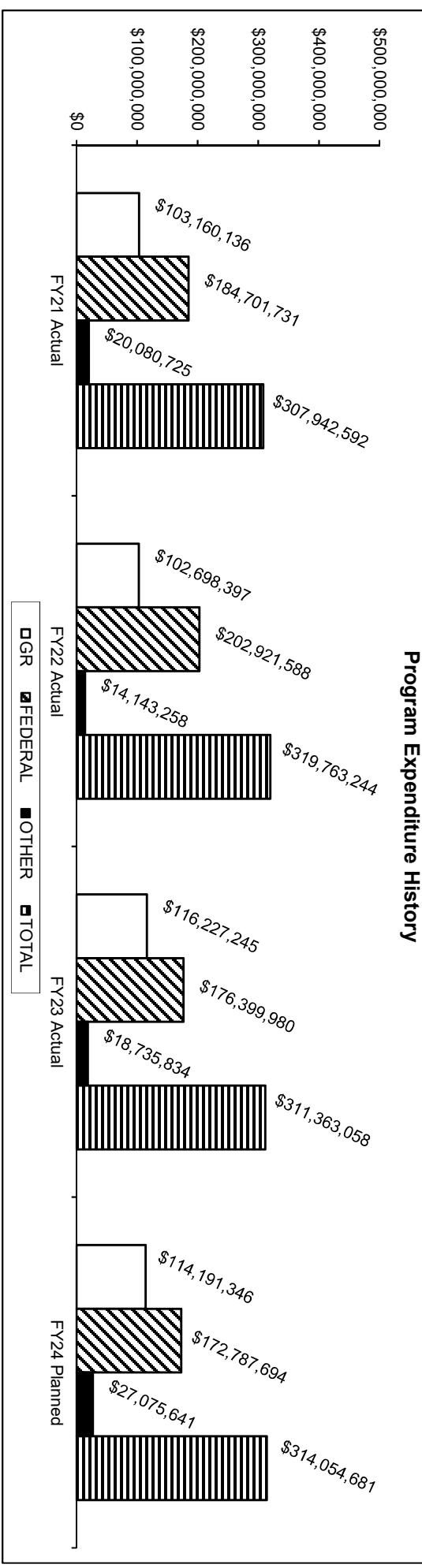


PROGRAM DESCRIPTION

HB Section(s): 11.745

Department: Social Services
Program Name: Rehab and Specialty Services
Program is found in the following core budget(s): Rehab and Specialty Services

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Hospice Rate Increase DI# 1886008

Budget Unit: 90550C
 HB Section: 11.745

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	131,981	256,998	0	388,979
TRF	0	0	0	0
Total	131,981	256,998	0	388,979

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	134,198	254,781	0	388,979
TRF	0	0	0	0
Total	134,198	254,781	0	388,979

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI#** 1886008

Budget Unit: 90550C
HB Section: 11.745

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFF fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

An increase of 2.50% is requested and was applied to the actual FY23 hospice payments to arrive at the total need for FY25.

Department Request:

Type of Care	FY23 Units of Care	FY23 Expended Amount	FY 23 Avg. Cost	2.50% Increase	FY25 Avg. Cost with Rate Inc										
Routine Home Care	85,927	\$14,282,755	\$166.22	\$4.16	\$170.38										
Continuous Care	1	\$58	\$57.84	\$1.45	\$59.29										
Inpatient Respite Care	187	\$84,573	\$452.26	\$11.31	\$463.57										
General Inpatient Care	1,074	\$1,140,906	\$1,062.30	\$26.56	\$1,088.86										
Hospice of RN (SIA)	3,183	\$44,319	\$13.92	\$0.35	\$14.27										
SVS of CSW (SIA)	470	\$6,564	\$13.97	\$0.35	\$14.32										
FY23 Expenditure Hospice Total		\$15,559,176													
FY25 Proposed Rate Increase		2.50%													
FY25 Hospice Rate Increase Total		\$388,979													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th><th>Total</th><th>GR</th><th>Federal</th><th>FMAP</th></tr> <tr> <td>Hospice rate increase</td><td>\$388,979</td><td>\$131,981</td><td>\$256,998</td><td>66.07%</td></tr> </table>							Total	GR	Federal	FMAP	Hospice rate increase	\$388,979	\$131,981	\$256,998	66.07%
	Total	GR	Federal	FMAP											
Hospice rate increase	\$388,979	\$131,981	\$256,998	66.07%											

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI#** 1886008

Budget Unit: 90550C
HB Section: 11.745

Governor's Recommendation:

Type of Care	FY23 Units of Care	FY23 Expended Amount	FY 23 Avg. Cost	2.50% Increase	FY25 Avg. Cost with Rate Inc
Routine Home Care	85,927	\$14,282,755	\$166.22	\$4.16	\$170.38
Continuous Care	1	\$58	\$57.84	\$1.45	\$59.29
Inpatient Respite Care	187	\$84,573	\$452.26	\$11.31	\$463.57
General Inpatient Care	1,074	\$1,140,906	\$1,062.30	\$26.56	\$1,088.86
Hospice of RN (SIA)	3,183	\$44,319	\$13.92	\$0.35	\$14.27
SVS of CSW (SIA)	470	\$6,564	\$13.97	\$0.35	\$14.32
FY23 Expenditure Hospice Total		\$15,559,176			
FY25 Proposed Rate Increase		2.50%			
FY25 Hospice Rate Increase Total		\$388,979			
			Total	GR	Federal
					FMAP
Hospice rate increase		\$388,979	\$134,198	\$254,781	65.50%

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	131,981		256,998				388,979		
Total PSD	131,981		256,998		0		388,979		0
Grand Total	131,981	0.0	256,998	0.0	0	0.0	388,979	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase **DI#** 1886008

Budget Unit: 90550C
HB Section: 11.745

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	134,198		254,781				388,979		
Total PSD	134,198		254,781		0		388,979		0
Grand Total	134,198	0.0	254,781	0.0	0	0.0	388,979	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

Provide an activity measure(s) for the program.

Please see the Rehab and Specialty core section for performance measures.

Provide a measure(s) of the program's quality.

Please see the Rehab and Specialty core section for performance measures.

Provide a measure(s) of the program's impact.

Please see the Rehab and Specialty core section for performance measures.

Provide a measure(s) of the program's efficiency.

Please see the Rehab and Specialty core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886008								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	388,979	0.00	388,979	0.00
TOTAL - PD	0	0.00	0	0.00	388,979	0.00	388,979	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$388,979	0.00	\$388,979	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$131,981	0.00	\$134,198	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$256,998	0.00	\$254,781	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C

HB Section: 11.745

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	17,636,175	41,172,298	0	58,808,473
TRF	0	0	0	0
Total	17,636,175	41,172,298	0	58,808,473

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	17,443,470	40,679,226	0	58,122,696
TRF	0	0	0	0
Total	17,443,470	40,679,226	0	58,122,696

FTE **0.00** **0.00** **0.00** **0.00**

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation (NEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90561C

Division: MO HealthNet

HB Section: 11.745

Core: Non-Emergency Medical Transportation (NEMT)

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	61,083,485	62,230,507	61,358,634	60,142,753
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	61,083,485	62,230,507	61,358,634	60,142,753
Actual Expenditures (All Funds)	51,921,751	54,493,437	53,128,850	N/A
Unexpended (All Funds)	9,161,734	7,737,070	8,229,784	N/A
Unexpended, by Fund:				
General Revenue	343,555	770,441	1,642,794	N/A
Federal	8,818,179	6,966,629	6,586,990	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

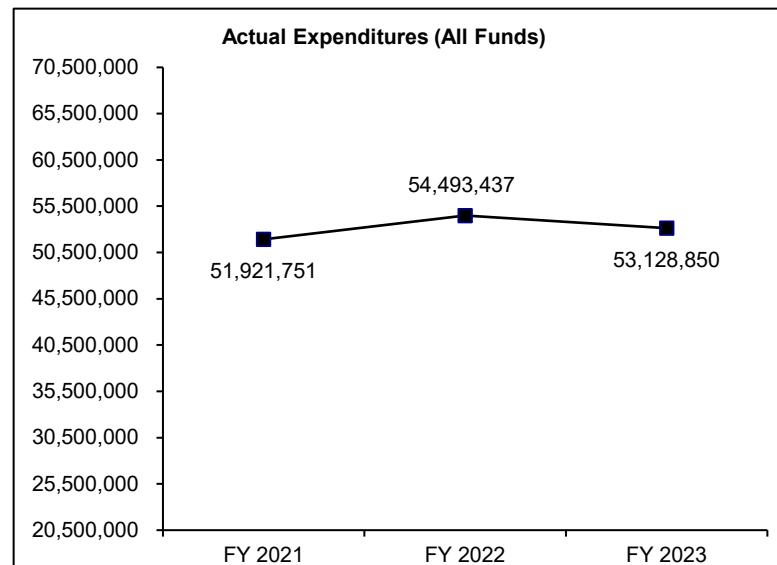
NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$186,192 GR), Asset Limit CTC (\$528,469 GR; \$660,605 FED), Asset Limit CTC (\$32,577 GR; \$60,854 FED), NEMT Actuarial Increase (\$1,521,438 GR; \$2,842,109 FED), Asset Limit Phase-In (\$8,110 GR; \$15,150 FED). \$3,691,974 Fed was flexed in to cover program expenditures.

(2) FY22 - New Decision Items funded FMAP Adjustment (\$415,884 FED), Cost to Continue (\$262,675 GR; \$821,197 FED), NEMT Actuarial Increase (\$1,053,018 GR; \$2,045,006 FED), Asset Limit CTC (\$27,148 GR; \$52,721 FED).

(3) FY23 - New Decision Items funded for MHD CTC (\$1,293,764 GR), NEMT Actuarial Increase (\$767,849 GR; \$1,487,081 Fed), FMAP Adjustment (\$37,172 GR). \$4,000,000 Fed was flexed in and \$3,500,000 Fed was flexed out to cover program expenditures.

(4) FY24 - New Decision Items funded for MHD CTC (\$93,952 Fed), NEMT Actuarial Increase (\$190,696 GR; \$370,257 Fed), FMAP Adjustment (\$572,229 Fed). Supplemental awarded for \$95,164.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	17,687,694	42,455,059	0	60,142,753	
	Total	0.00	17,687,694	42,455,059	0	60,142,753	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction 1114 5929	PD	0.00	0	(1,282,761)	0	(1,282,761)	Core reduction due to estimated lapse.
Core Reduction 1114 5928	PD	0.00	(51,519)	0	0	(51,519)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(51,519)	(1,282,761)	0	(1,334,280)	
DEPARTMENT CORE REQUEST							
	PD	0.00	17,636,175	41,172,298	0	58,808,473	
	Total	0.00	17,636,175	41,172,298	0	58,808,473	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction 1114 5929	PD	0.00	0	(493,072)	0	(493,072)	Core reduction due to estimated lapse.
Core Reduction 1114 5928	PD	0.00	51,519	0	0	51,519	Core reduction due to estimated lapse.
Core Reduction 2480 5928	PD	0.00	(244,224)	0	0	(244,224)	FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	(192,705)	(493,072)	0	(685,777)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	17,443,470	40,679,226	0	58,122,696	
	Total	0.00	17,443,470	40,679,226	0	58,122,696	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	17,702,055	0.00	17,687,694	0.00	17,636,175	0.00	17,443,470	0.00
TITLE XIX-FEDERAL AND OTHER	35,426,795	0.00	42,455,059	0.00	41,172,298	0.00	40,679,226	0.00
TOTAL - PD	53,128,850	0.00	60,142,753	0.00	58,808,473	0.00	58,122,696	0.00
TOTAL	53,128,850	0.00	60,142,753	0.00	58,808,473	0.00	58,122,696	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	244,224	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	244,224	0.00
TOTAL	0	0.00	0	0.00	0	0.00	244,224	0.00
NEMT Actuarial - 1886010								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	602,728	0.00	612,854	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,173,660	0.00	1,163,534	0.00
TOTAL - PD	0	0.00	0	0.00	1,776,388	0.00	1,776,388	0.00
TOTAL	0	0.00	0	0.00	1,776,388	0.00	1,776,388	0.00
GRAND TOTAL	\$53,128,850	0.00	\$60,142,753	0.00	\$60,584,861	0.00	\$60,143,308	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.745	DEPARTMENT: Social Services DIVISION: MO HealthNet
--	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$3,500,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for payments in Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	53,128,850	0.00	60,142,753	0.00	58,808,473	0.00	58,122,696	0.00
TOTAL - PD	53,128,850	0.00	60,142,753	0.00	58,808,473	0.00	58,122,696	0.00
GRAND TOTAL	\$53,128,850	0.00	\$60,142,753	0.00	\$58,808,473	0.00	\$58,122,696	0.00
GENERAL REVENUE	\$17,702,055	0.00	\$17,687,694	0.00	\$17,636,175	0.00	\$17,443,470	0.00
FEDERAL FUNDS	\$35,426,795	0.00	\$42,455,059	0.00	\$41,172,298	0.00	\$40,679,226	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants.

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

- The medical appointment requires an overnight stay; and
- Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet eligible child is inpatient in a hospital setting and meets the following criteria:

- The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
- The hospital is more than 120 miles from the participant's residence; or
- The hospitalization is related to a MO HealthNet-covered transplant service.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.745

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. See *Managed Care program description for more information*. As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet enrolled participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per-trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MHD works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including:

- The Children's Division for children in state care and custody
- School-Based NEMT Services
- Bi-State Development Agency
- Kansas City Area Transit Authority (KCATA)/Ride KC Connection
- Columbia Transit
- City Utilities of Springfield
- Nevada City Hospital
- City of Jefferson/Jefftran

NEMT Rate History		
SFY	MHD Rate	DMH and MHD Rate*
2023	\$15.55	\$3.49
2022	\$13.30	\$3.43
2021	\$12.59	\$3.22
2020	\$12.49	\$2.93

*Combined Weighted Average Rate History Based on FTE

In SFY 2019, the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

NEMT Actuarial Rate History			
SFY	MHD	DMH	Combined
2023	4.20%	7.10%	4.30%
2022	5.60%	19.70%	6.40%
2021	10.00%	7.10%	9.53%
2020	5.30%	2.20%	5.10%

In SFY 2019, the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

PROGRAM DESCRIPTION

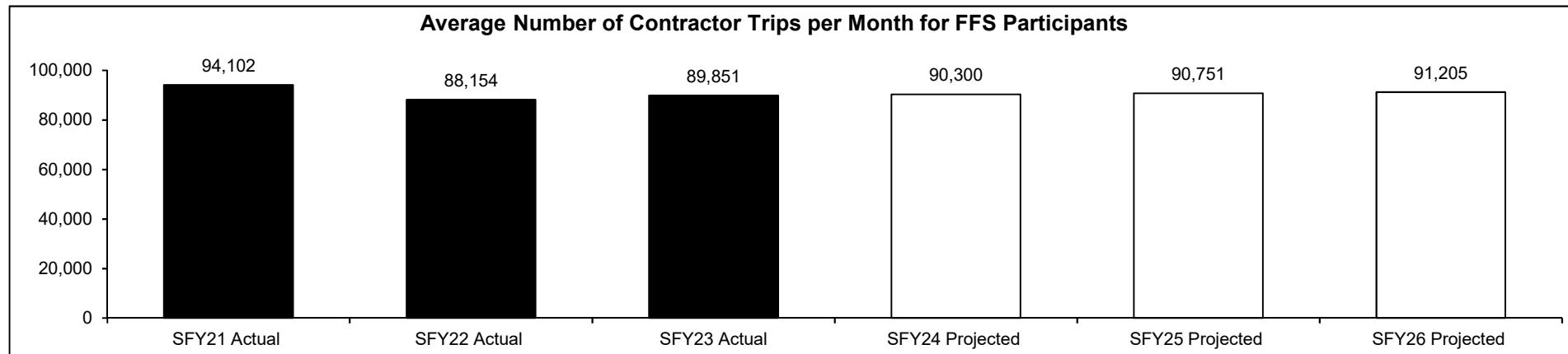
Department: Social Services

HB Section(s): 11.745

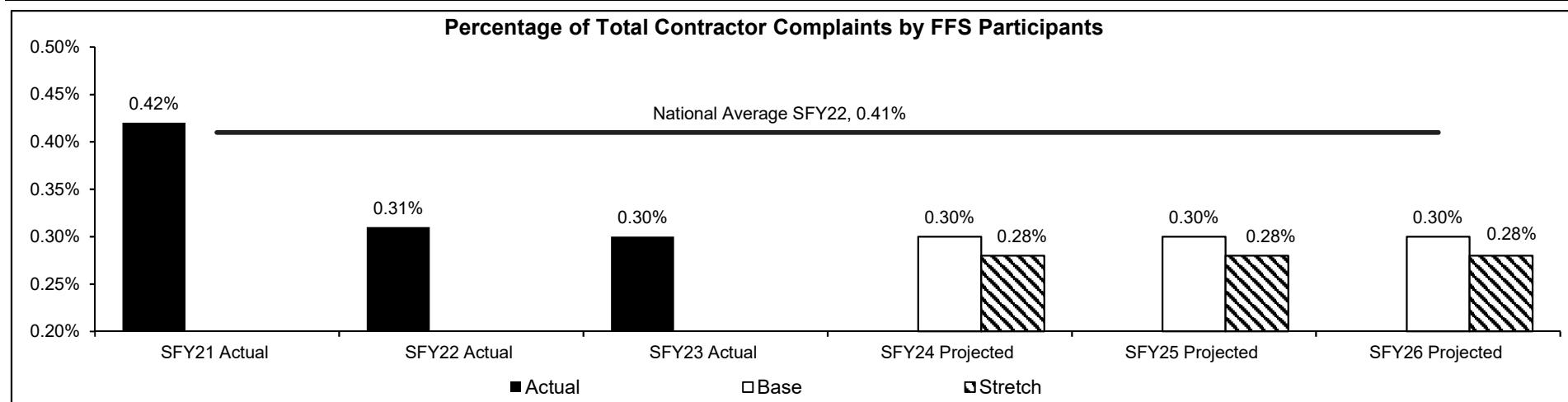
Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



Note: Percentage is based off of the total number of contractor complaints by FFS participants versus the total number of trips.

PROGRAM DESCRIPTION

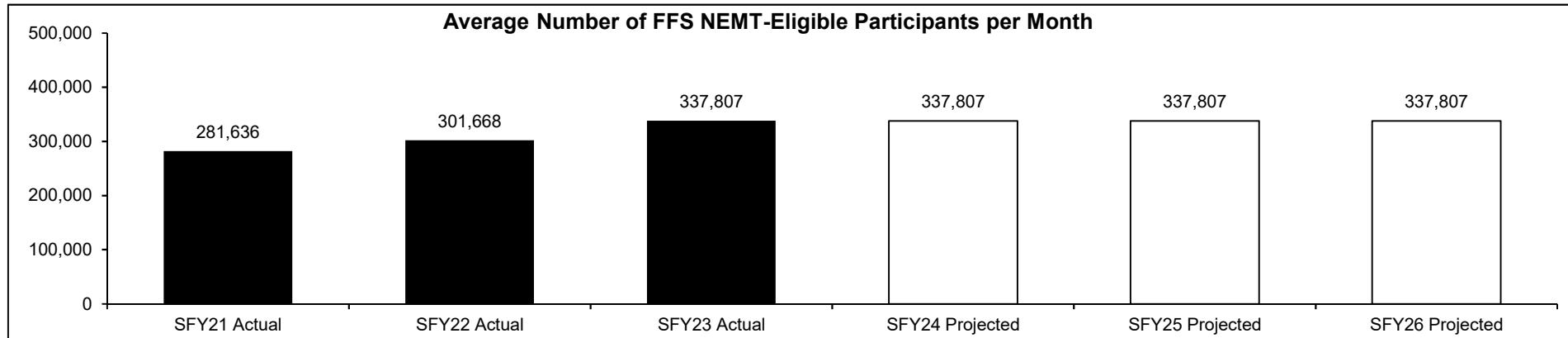
Department: Social Services

HB Section(s): 11.745

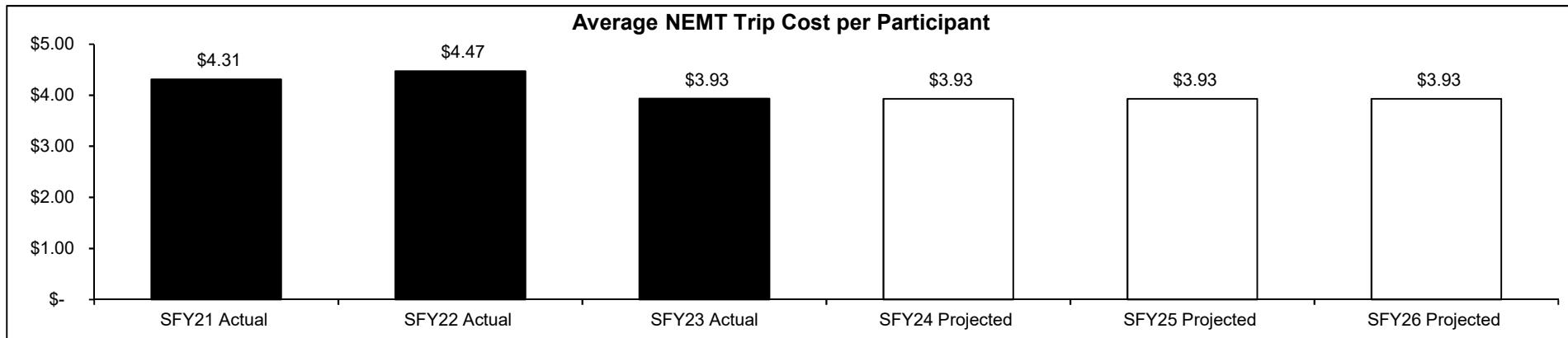
Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.

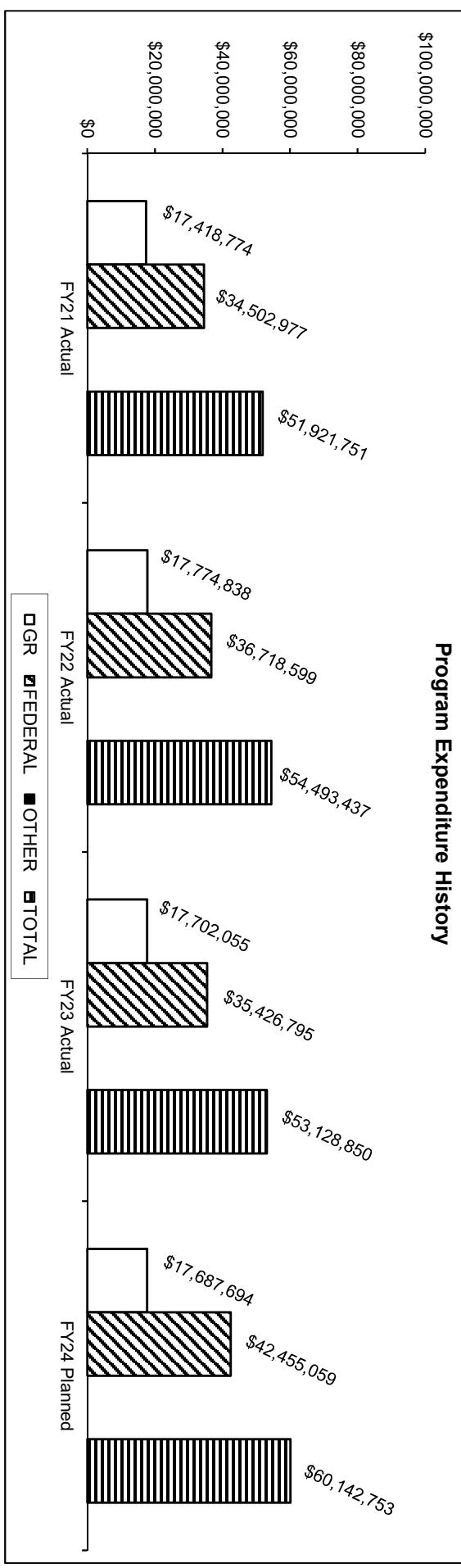


Note 1: Increase in SFY22 is due to an administrative cost increase. Transportation insurance coverage rates increased, driving up costs.

Note 2: The decrease in SFY23 trip cost is related to an actuarial rebase in the per member per month rates based on updated historical and emerging information.

PROGRAM DESCRIPTION**Department:** Social Services**Program Name:** Non-Emergency Medical Transportation (NEMT)**Program is found in the following core budget(s):** NEMT**HB Section(s):** 11.745

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Section 208.152, RSMo. Federal regulation: 42 CFR 431.53 and 440.170.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

Yes, state Medicaid programs must assure availability of medically necessary transportation.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase **DI#** 1886010

Budget Unit: 90561C
HB Section: 11.745

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	602,728	1,173,660	0	1,776,388
TRF	0	0	0	0
Total	602,728	1,173,660	0	1,776,388

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	612,854	1,163,534	0	1,776,388
TRF	0	0	0	0
Total	612,854	1,163,534	0	1,776,388

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Non-Counts: N/A

Other Funds: N/A

Non-Counts: N/A

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input checked="" type="checkbox"/>	Other: Actuarial Increase		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed for the Non-Emergency Medical Transportation (NEMT) contract cost increase. The cost increase is attributed to the increase needed to maintain actuarial soundness in SFY 25. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.

The purpose of the NEMT program is to ensure non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant, based on eligibility group, and which of the four regions of the state the participant resides.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase **DI#** 1886010

Budget Unit: 90561C
HB Section: 11.745

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The state contracted actuary provided the projected managed transportation trends for the SFY 25 NEMT budget. The estimate was for a 3.9% MO HealthNet and 5.1% Department of Mental Health actuarial increase over SFY 24 rates related to increases in utilization and cost components. In SFY 20 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

**Department Request:
MHD Statewide Contract (Four Regions)**

Region*	Projected Member Months	FY 24 Rates	FY 25 Trend Rates	Estimated Annual Cost FY 24 Rates	Estimated Annual Cost FY 25 Rates	Estimated Annual Cost of FY 25 Rate Increase
01	63,439	16.85	17.74	\$ 12,827,349	\$ 13,507,198	\$ 679,849
02	38,413	11.53	12.40	\$ 5,314,823	\$ 5,718,044	\$ 403,221
03	128,314	15.98	16.35	\$ 24,605,445	\$ 25,171,370	\$ 565,925
SW	45,599	1.19	1.29	\$ 651,151	\$ 705,848	\$ 54,697
TOTAL	275,765			\$ 43,398,768	\$ 45,102,460	\$ 1,703,693

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

DMH Contract Rates (Four Regions)

Region*	Projected Member Months	FY 24 Rates	FY 25 Trend Rates	Estimated Annual Cost FY 24 Rates	Estimated Annual Cost FY 25 Rates	Estimated Annual Cost of FY 25 Rate Increase
01	63,627	0.26	0.27	\$ 198,515	\$ 206,059	\$ 7,544
02	38,583	0.46	0.50	\$ 212,980	\$ 231,510	\$ 18,529
03	128,819	0.58	0.61	\$ 896,578	\$ 943,200	\$ 46,622
SW	1,029,746	0.01	0.01	\$ 123,570	\$ 123,570	\$ -
TOTAL	1,260,775			\$ 1,431,643	\$ 1,504,338	\$ 72,695

	GR	Fed	Total
MHD	578,063	1,125,630	1,703,693
DMH	24,665	48,030	72,695
TOTAL	602,728	1,173,660	1,776,388
FMAP	33.93%	66.07%	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase **DI#** 1886010

Budget Unit: 90561C
HB Section: 11.745

Governor's Recommended:
MHD Statewide Contract (Four Regions)

Region*	Projected Member Months	FY 24 Rates	FY 25 Trend Rates	Estimated Annual Cost FY 24 Rates	Estimated Annual Cost FY 25 Rates	Estimated Annual Cost of FY 25 Rate Increase
01	63,439	16.85	17.74	\$ 12,827,349	\$ 13,507,198	\$ 679,849
02	38,413	11.53	12.40	\$ 5,314,823	\$ 5,718,044	\$ 403,221
03	128,314	15.98	16.35	\$ 24,605,445	\$ 25,171,370	\$ 565,925
SW	45,599	1.19	1.29	\$ 651,151	\$ 705,848	\$ 54,697
TOTAL	275,765			\$ 43,398,768	\$ 45,102,460	\$ 1,703,693

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

DMH Contract Rates (Four Regions)

Region*	Projected Member Months	FY 24 Rates	FY 25 Trend Rates	Estimated Annual Cost FY 24 Rates	Estimated Annual Cost FY 25 Rates	Estimated Annual Cost of FY 25 Rate Increase
01	63,627	0.26	0.27	\$ 198,515	\$ 206,059	\$ 7,544
02	38,583	0.46	0.50	\$ 212,980	\$ 231,510	\$ 18,529
03	128,819	0.58	0.61	\$ 896,578	\$ 943,200	\$ 46,622
SW	1,029,746	0.01	0.01	\$ 123,570	\$ 123,570	\$ -
TOTAL	1,260,775			\$ 1,431,643	\$ 1,504,338	\$ 72,695

	GR	Fed	Total
MHD	587,774	1,115,919	1,703,693
DMH	25,080	47,615	72,695
TOTAL	612,854	1,163,534	1,776,388
FMAP	34.50%	65.50%	

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: NEMT Actuarial Increase DI# 1886010

Budget Unit: 90561C
 HB Section: 11.745

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
-------------------------------	---------------------	-----------------	----------------------	------------------	------------------------	--------------------	------------------------	--------------------	---------------------------

800 - Program Distributions	602,728		1,173,660				1,776,388		
Total PSD	602,728		1,173,660			0	1,776,388		0

Grand Total	602,728	0.0	1,173,660	0.0	0	0.0	1,776,388	0.0	0
--------------------	----------------	------------	------------------	------------	----------	------------	------------------	------------	----------

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
-------------------------------	--------------------	----------------	---------------------	-----------------	-----------------------	-------------------	-----------------------	-------------------	--------------------------

800 - Program Distributions	612,854		1,163,534				1,776,388		
Total PSD	612,854		1,163,534			0	1,776,388		0

Grand Total	612,854	0.0	1,163,534	0.0	0	0.0	1,776,388	0.0	0
--------------------	----------------	------------	------------------	------------	----------	------------	------------------	------------	----------

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the NEMT core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the NEMT core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the NEMT core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the NEMT core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NON-EMERGENCY TRANSPORT								
NEMT Actuarial - 1886010								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,776,388	0.00	1,776,388	0.00
TOTAL - PD	0	0.00	0	0.00	1,776,388	0.00	1,776,388	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,776,388	0.00	\$1,776,388	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$602,728	0.00	\$612,854	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,173,660	0.00	\$1,163,534	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C

HB Section: 11.750

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	55,417,960	28,542,286	83,960,246
TRF	0	0	0	0
Total	0	55,417,960	28,542,286	83,960,246

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	54,993,961	28,542,286	83,536,247
TRF	0	0	0	0
Total	0	54,993,961	28,542,286	83,536,247

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Ground Emergency Medical Transportation (0422) - \$28,542,286

Other Funds: Ground Emergency Medical Transportation (0422) - \$28,542,286

2. CORE DESCRIPTION

This core request is to provide funding for payments for ground emergency medical transportation (GEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90588C

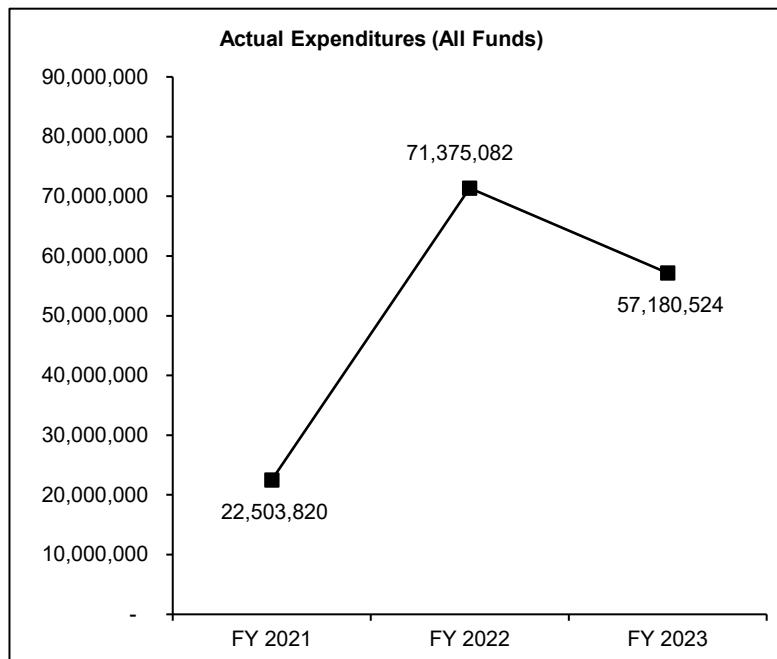
Division: MO HealthNet

HB Section: 11.750

Core: Ground Emergency Medical Transportation (GEMT)

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	83,960,246	83,960,246	83,960,246	83,960,246
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	83,960,246	83,960,246	83,960,246	83,960,246
Actual Expenditures (All Funds)	22,503,820	71,375,082	57,180,524	N/A
Unexpended (All Funds)	61,456,426	12,585,164	26,779,722	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	39,927,008	9,326,630	19,021,816	N/A
Other	21,529,418	3,258,534	7,757,906	N/A
		(1)	(2)	



*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - New Decision Item funded for FMAP Adjustment (\$52,475 Other).

(2) FY24 - New Decision Item funded for FMAP Adjustment (\$48,277 Fed).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GROUND EMER MED TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	55,417,960	28,542,286	83,960,246	
	Total	0.00	0	55,417,960	28,542,286	83,960,246	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	55,417,960	28,542,286	83,960,246	
	Total	0.00	0	55,417,960	28,542,286	83,960,246	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2481 3090	PD	0.00	0	(423,999)	0	(423,999) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	0	(423,999)		0	(423,999)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	54,993,961	28,542,286	83,536,247	
	Total	0.00	0	54,993,961	28,542,286	83,536,247	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	36,347,867	0.00	55,417,960	0.00	55,417,960	0.00	54,993,961	0.00
GROUND EMERGENCY MED TRANSPORT	20,832,657	0.00	28,542,286	0.00	28,542,286	0.00	28,542,286	0.00
TOTAL - PD	57,180,524	0.00	83,960,246	0.00	83,960,246	0.00	83,536,247	0.00
TOTAL	57,180,524	0.00	83,960,246	0.00	83,960,246	0.00	83,536,247	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GROUND EMERGENCY MED TRANSPORT	0	0.00	0	0.00	0	0.00	423,999	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	423,999	0.00
TOTAL	0	0.00	0	0.00	0	0.00	423,999	0.00
GRAND TOTAL	\$57,180,524	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$83,960,246	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	57,180,524	0.00	83,960,246	0.00	83,960,246	0.00	83,536,247	0.00
TOTAL - PD	57,180,524	0.00	83,960,246	0.00	83,960,246	0.00	83,536,247	0.00
GRAND TOTAL	\$57,180,524	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$83,536,247	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$36,347,867	0.00	\$55,417,960	0.00	\$55,417,960	0.00	\$54,993,961	0.00
OTHER FUNDS	\$20,832,657	0.00	\$28,542,286	0.00	\$28,542,286	0.00	\$28,542,286	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.750

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

1a. What strategic priority does this program address?

Provide access to ground emergency transportation services.

1b. What does this program do?

The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment, will not exceed one hundred percent of actual costs.

The GEMT program began on July 1, 2017. There were 79 providers that participated in the program in State Fiscal Year (SFY) 2022. The reconciliation of as-filed cost reports for SFY 2019 was finalized in SFY 2023. The reconciliation of as-filed cost reports for SFY 2020 and SFY 2021 is being finalized in SFY 2024.

Reimbursement Methodology

Initial Cost Settlement

- Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols, and must submit the completed annual as-filed cost report, to MHD within five (5) months after the close of the State's Fiscal Year (SFY).
- MHD will make initial cost settlement payments to eligible GEMT providers. The initial cost settlement payment for each provider is based on the provider's completed annual cost report in the format prescribed by the MHD and approved by Centers for Medicare & Medicaid Services (CMS) for the applicable cost reporting year.
- To determine the GEMT payment rate, MHD must use the most recently filed cost reports of all qualifying providers. MHD will then determine an average cost per transport which will vary between the qualifying providers.

Cost Settlement Process

- The GEMT MO HealthNet Division payments and the number of transport data reported in the as-filed cost report will be reconciled to the Medicaid Management Information System (MMIS) reports generated for the cost reporting period within two (2) years of receipt of the as-filed cost report. The MHD will make adjustments to the as-filed cost report based on the reconciliation results of the most recently retrieved MMIS report.
- Each provider will receive payments in an amount equal to the greater of the interim payment or the total CMS approved Medicaid-allowable costs for GEMT services. The state share of the payment will be provided by an IGT payment from the provider.
- If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the provider will return the overpayment to MHD, and MHD will return the overpayment to the federal government pursuant to Section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is determined, then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

This program is exempt from performance measures as it is an intergovernmental transfer.

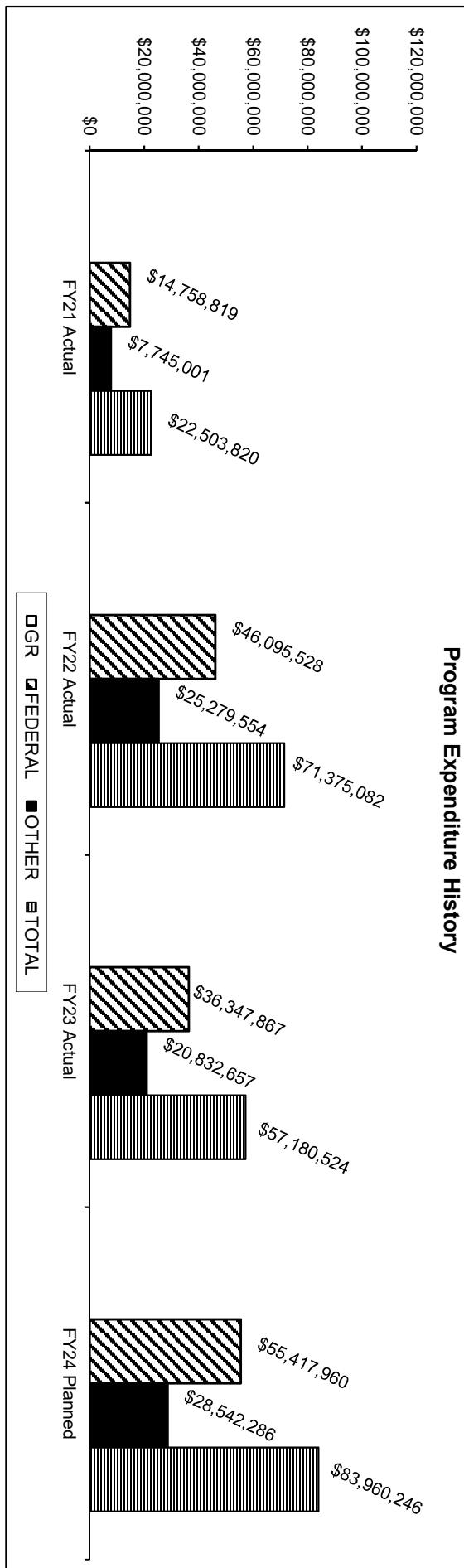
PROGRAM DESCRIPTION

Department: Social Services

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Ground Emergency Medical Transportation Fund (0422)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.1030 and 208.1032, RSMo. Senate Bill 607 passed by the 98th General Assembly in 2016. Federal Regulation: Section 433.316 of Title 42.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90577C

Division: MO HealthNet

HB Section: 11.755

Core: Complex Rehab Technology

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	3,956,514	7,682,003	0	11,638,517
TRF	0	0	0	0
Total	3,956,514	7,682,003	0	11,638,517

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	3,956,514	7,623,229	0	11,579,743
TRF	0	0	0	0
Total	3,956,514	7,623,229	0	11,579,743

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs.

3. PROGRAM LISTING (list programs included in this core funding)

Complex Rehab Technology

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.755

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	12,634,600	13,385,541	11,872,625	11,638,517
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	12,634,600	13,385,541	11,872,625	11,638,517
Actual Expenditures (All Funds)	11,810,367	10,984,595	11,872,625	N/A
Unexpended (All Funds)	824,233	2,400,946	0	N/A
Unexpended, by Fund:				
General Revenue	289,104	809,139	0	N/A
Federal	535,129	1,591,807	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

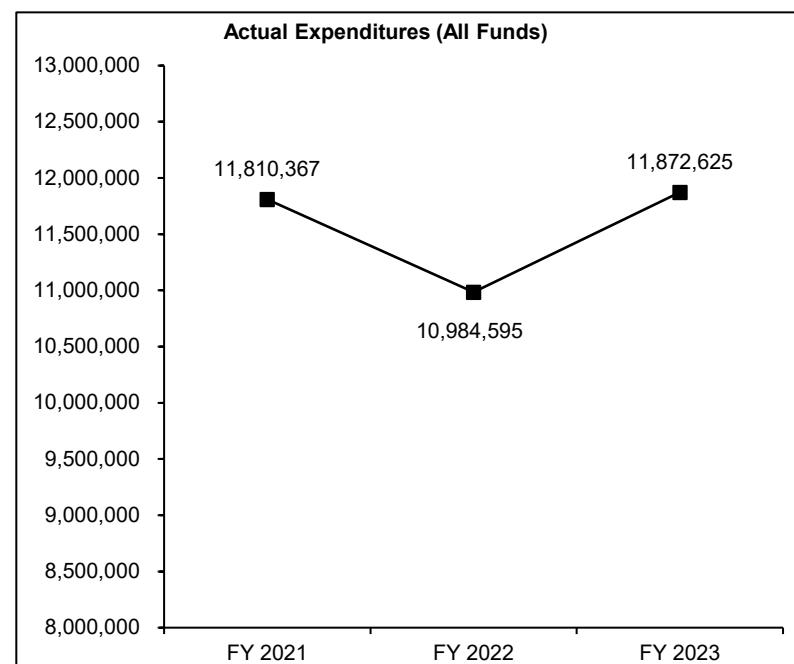
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision Items funded for FMAP Adjustment (\$48,719 GR), Cost to Continue (\$26,757 GR), Asset Limit CTC (\$3,068 GR; \$5,732 FED), Asset Limit Phase-In (\$764 GR; \$1,427 FED).
- (2) FY22 - New Decision Item funded for Cost to Continue (\$626,746 GR; \$1,207,115 FED), Asset Limit CTC (\$11,733 GR; \$22,786 FED).
- (3) FY23 - New Decision Item funded for FMAP Adjustment (\$7,420 GR). \$194,000 was flexed in and \$15,800 used in flex to cover program expenditures.
- (4) FY24 - New Decision Item funded for FMAP Adjustment (\$8,790 Fed). Supplemental awarded for \$55,908.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
COMPLEX REHAB TECHNLGY PRDCTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	3,956,514	7,682,003	0	11,638,517	
	Total	0.00	3,956,514	7,682,003	0	11,638,517	
DEPARTMENT CORE REQUEST							
	PD	0.00	3,956,514	7,682,003	0	11,638,517	
	Total	0.00	3,956,514	7,682,003	0	11,638,517	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2482 8996	PD	0.00	0	(58,774)	0	(58,774) FMAP adjustment reduction
		NET GOVERNOR CHANGES	0.00	0	(58,774)	0	(58,774)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	3,956,514	7,623,229	0	11,579,743	
	Total	0.00	3,956,514	7,623,229	0	11,579,743	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
COMPLEX REHAB TECHNLGY PRDUCTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	4,044,023	0.00	3,956,514	0.00	3,956,514	0.00	3,956,514	0.00
TITLE XIX-FEDERAL AND OTHER	7,828,027	0.00	7,682,003	0.00	7,682,003	0.00	7,623,229	0.00
TOTAL - PD	<u>11,872,050</u>	<u>0.00</u>	<u>11,638,517</u>	<u>0.00</u>	<u>11,638,517</u>	<u>0.00</u>	<u>11,579,743</u>	<u>0.00</u>
TOTAL	11,872,050	0.00	11,638,517	0.00	11,638,517	0.00	11,579,743	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	58,774	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	58,774	0.00
TOTAL	0	0.00	0	0.00	0	0.00	58,774	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,660,571	0.00	1,258,392	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,255,833	0.00	2,209,023	0.00
TOTAL - PD	0	0.00	0	0.00	4,916,404	0.00	3,467,415	0.00
TOTAL	0	0.00	0	0.00	4,916,404	0.00	3,467,415	0.00
GRAND TOTAL	\$11,872,050	0.00	\$11,638,517	0.00	\$16,554,921	0.00	\$15,105,932	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90577C BUDGET UNIT NAME: Complex Rehab Technology HOUSE BILL SECTION: 11.755	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$15,800	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Rehab and Specialty Services.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
COMPLEX REHAB TECHNLGY PRDCTS								
CORE								
PROGRAM DISTRIBUTIONS	11,872,050	0.00	11,638,517	0.00	11,638,517	0.00	11,579,743	0.00
TOTAL - PD	11,872,050	0.00	11,638,517	0.00	11,638,517	0.00	11,579,743	0.00
GRAND TOTAL	\$11,872,050	0.00	\$11,638,517	0.00	\$11,638,517	0.00	\$11,579,743	0.00
GENERAL REVENUE	\$4,044,023	0.00	\$3,956,514	0.00	\$3,956,514	0.00	\$3,956,514	0.00
FEDERAL FUNDS	\$7,828,027	0.00	\$7,682,003	0.00	\$7,682,003	0.00	\$7,623,229	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.755

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

1a. What strategic priority does this program address?

Provide therapeutic/adaptive equipment to keep participants in their homes.

1b. What does this program do?

The Complex Rehab Technology program includes items classified within the Medicare program as Durable Medical Equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Rate History

07/01/19: ~1.5% rate increase on DME services.

07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

PROGRAM DESCRIPTION

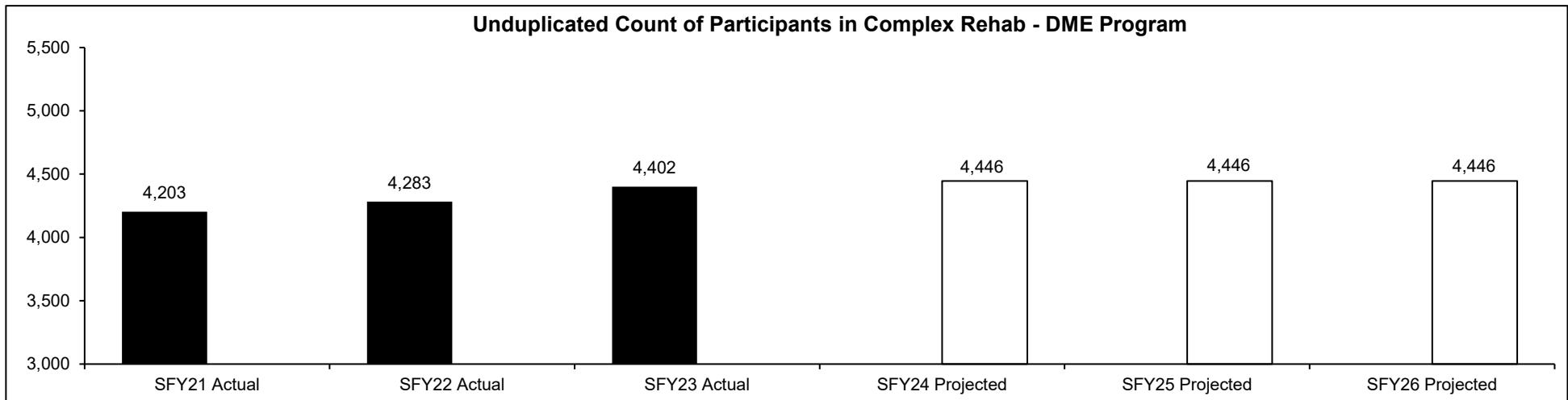
Department: Social Services

HB Section(s): 11.755

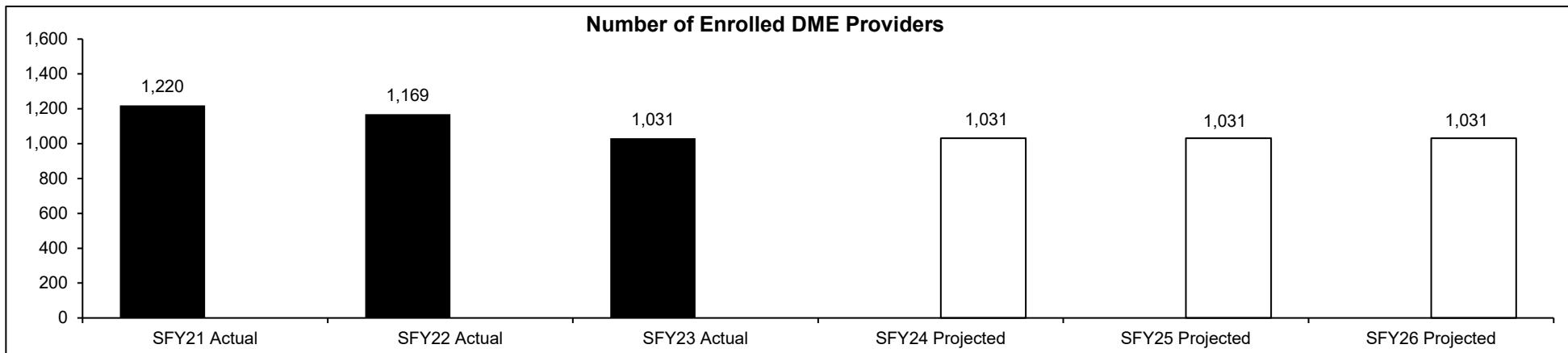
Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

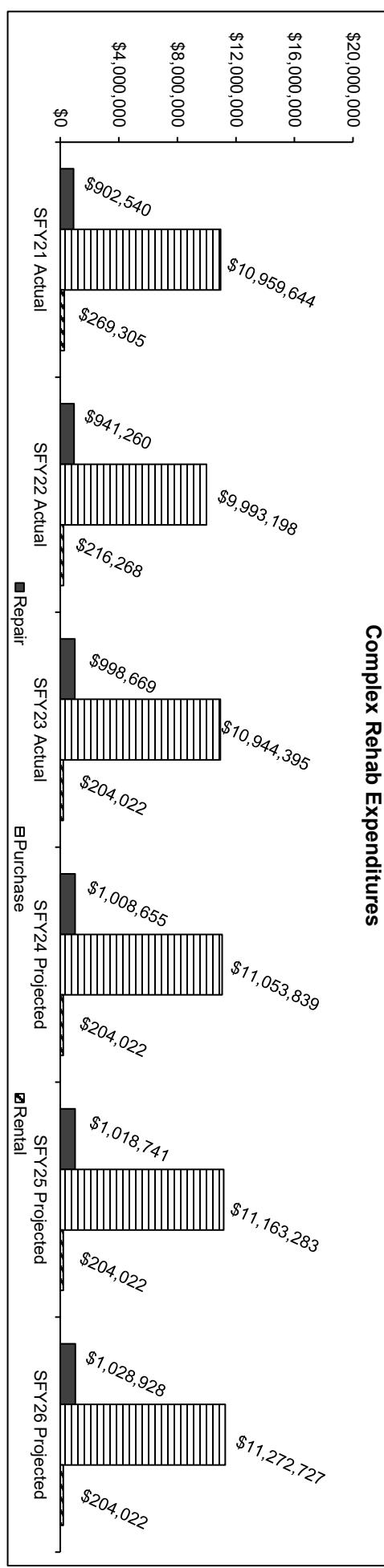
Department: Social Services

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

HB Section(s): 11.755

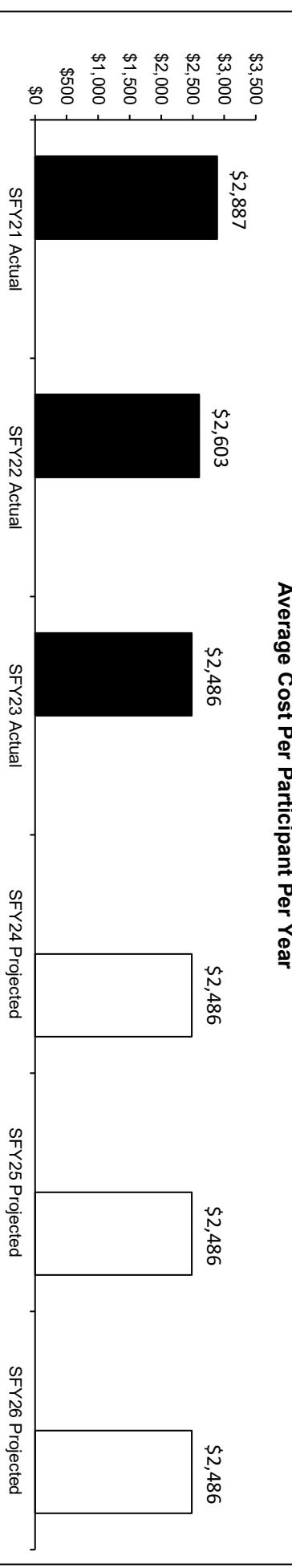
2c. Provide a measure(s) of the program's impact.



Note: Includes Complex Rehab only; does not include regular DME services.

2d. Provide a measure(s) of the program's efficiency.

Average Cost Per Participant Per Year



Note: SFY22 and SFY23 average cost per participant decreased due to an increase in items that were repaired instead of purchased.

PROGRAM DESCRIPTION

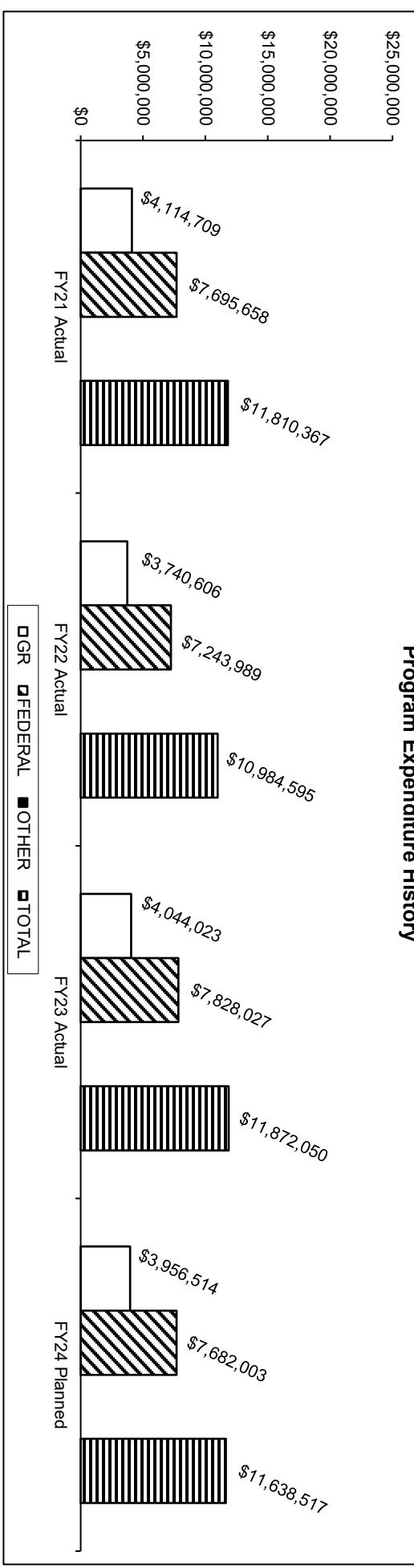
Department: Social Services

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

HB Section(s): 11.755

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" "funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)
--

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.
--

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults, but is mandatory for children.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.760

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	445,004,264	1,418,496,217	283,605,255	2,147,105,736
TRF	0	0	0	0
Total	445,004,264	1,418,496,217	283,605,255	2,147,105,736

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	475,508,682	1,428,986,833	283,605,255	2,188,100,770
TRF	0	0	0	0
Total	475,508,682	1,428,986,833	283,605,255	2,188,100,770

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$18,590,380
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$155,083,260
 Life Sciences Research Trust Fund (0763) - \$26,697,272
 Healthy Families Trust Fund (0625) - \$14,735,373
 Ambulance Service Reimb Allowance Fund (0958) - \$1,904,607
 Uncompensated Care Fund (0108) - \$33,848,436
 Premium Fund (0885) - \$9,259,854
 Intergovernmental Transfer Fund (0139) - \$23,486,073

Other Funds:

Health Initiatives Fund (HIF) (0275) - \$18,590,380
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$155,083,260
 Life Sciences Research Trust Fund (0763) - \$26,697,272
 Healthy Families Trust Fund (0625) - \$14,735,373
 Ambulance Service Reimb Allowance Fund (0958) - \$1,904,607
 Uncompensated Care Fund (0108) - \$33,848,436
 Premium Fund (0885) - \$9,259,854
 Intergovernmental Transfer Fund (0139) - \$23,486,073

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program to provide health care services to the MO HealthNet Managed Care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

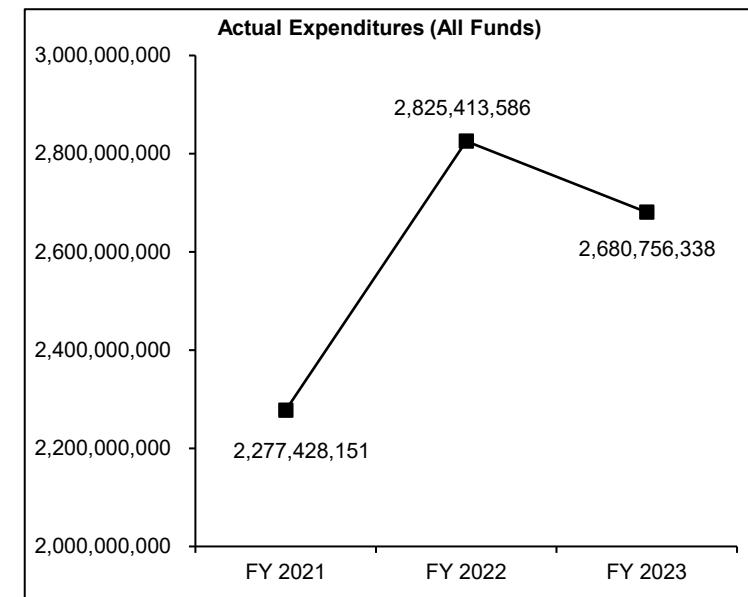
Budget Unit: 90551C

HB Section: 11.760

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	2,315,290,313	2,873,971,498	2,960,798,335	2,405,421,921
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	2,315,290,313	2,873,971,498	2,960,798,335	2,405,421,921
Actual Expenditures (All Funds)	2,277,428,151	2,825,413,586	2,680,756,338	N/A
Unexpended (All Funds)	37,862,162	48,557,912	280,041,997	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment, MC Actuarial Increase, MC Health Insurer Fee (\$39,903,173 GR; \$75,674,753 FED). \$73,497,865 GR and \$120,100,000 Fed was flexed in to cover program expenditures. \$29,908,260 GR and \$72,564,069 Fed was used as flex to cover other program expenditures. \$387,931 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$921,754 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$8,095,664 of was held in agency reserve in the FRA fund (0142) for the Managed care (0198) and Postpartum SUD (4912) appropriations. \$302,257 was held in agency reserve in the AFRA fund (0958) for the Ground Ambulance Appropriation (8714).

(2) FY22 - New Decision Items funded for FMAP Adjustment, Cost to Continue, GR Pickup for Tobacco Shortfall, AFRA Fund Authority CTC, GR Pickup for CHIP enhancement Fund, Additional Medicaid Earnings (\$39,952,372 GR; \$163,467,170 FED; \$502,350 OTH). Supplemental funded for \$834,823,472. \$56,700,000 GR and \$197,300,000 Fed was flexed in. \$49,973,820 GR and \$186,500,000 was used as flex to cover program expenditures.

(3) FY23 - New Decision Items funded for MHD CTC (\$36,285,983 GR; \$33,326,102 OTH), Managed Care Actuarial Increase (\$57,957,571 GR; \$112,183,580 Fed), Family First CTC (\$12,919,680 GR; \$5,846,823 Fed), FMAP Adjustment (\$19,936,725 Fed). \$504,587,806 was flexed in and \$261,848,635 was used as flex to cover program expenditures.

(4) FY24 - New Decision Items funded for MHD CTC (\$104,508,633 GR; \$317,199,503 Fed); Managed Care Actuarial Increase (\$40,137,723 GR; \$77,931,766 Fed), CD Residential Rate Increase (\$2,971,297 GR; \$2,047,786 Fed), FMAP Adjustment (\$32,347,542 Fed), MO MAPS CTC (\$27,776,657 Fed; \$14,282,413 OTH). Supplemental awarded for \$629,885,751.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	496,910,932	1,624,810,070	283,700,919	2,405,421,921	
	Total	0.00	496,910,932	1,624,810,070	283,700,919	2,405,421,921	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	411 4807	PD	0.00	0	(927,601)	0	(927,601) Core Reduction of excess authority.
Core Reduction	411 4806	PD	0.00	(382,084)	0	0	(382,084) Core Reduction of excess authority.
Core Reduction	411 4912	PD	0.00	0	0	(95,664)	(95,664) Core Reduction of excess authority.
Core Reduction	1126 1784	PD	0.00	0	(205,386,252)	0	(205,386,252) Core reduction due to estimated lapse.
Core Reduction	1126 1783	PD	0.00	(51,524,584)	0	0	(51,524,584) Core reduction due to estimated lapse.
Core Reallocation	409 1784	PD	0.00	0	1,939,298	0	1,939,298 Core Reallocation from Parity Approps.
Core Reallocation	409 1783	PD	0.00	998,587	0	0	998,587 Core Reallocation from Parity Approps.
Core Reallocation	410 4837	PD	0.00	(998,587)	0	0	(998,587) Core Reallocation to Managed Care core appropriations.
Core Reallocation	410 4838	PD	0.00	0	(1,939,298)	0	(1,939,298) Core Reallocation to Managed Care core appropriations.
NET DEPARTMENT CHANGES		0.00	(51,906,668)	(206,313,853)		(95,664)	(258,316,185)
DEPARTMENT CORE REQUEST							
	PD	0.00	445,004,264	1,418,496,217	283,605,255	2,147,105,736	
	Total	0.00	445,004,264	1,418,496,217	283,605,255	2,147,105,736	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1126 1783	PD	0.00	30,504,418	0	0	30,504,418 Core reduction due to estimated lapse.
Core Reduction	1126 1784	PD	0.00	0	23,365,423	0	23,365,423 Core reduction due to estimated lapse.
Core Reduction	2483 1784	PD	0.00	0	(12,510,119)	0	(12,510,119) FMAP adjustment reduction
Core Reduction	2483 4812	PD	0.00	0	(364,688)	0	(364,688) FMAP adjustment reduction
NET GOVERNOR CHANGES			0.00	30,504,418	10,490,616	0	40,995,034
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	475,508,682	1,428,986,833	283,605,255	2,188,100,770	
	Total	0.00	475,508,682	1,428,986,833	283,605,255	2,188,100,770	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
Budget Object Summary								
Fund								
MANAGED CARE								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	613,182,876	0.00	496,910,932	0.00	445,004,264	0.00	475,508,682	0.00
CHILDRENS HEALTH INSURANCE	128,280,581	0.00	0	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	1,663,975,812	0.00	1,624,810,070	0.00	1,418,496,217	0.00	1,428,986,833	0.00
UNCOMPENSATED CARE FUND	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00
INTERGOVERNMENTAL TRANSFER	16,339,798	0.00	23,486,073	0.00	23,486,073	0.00	23,486,073	0.00
FEDERAL REIMBURSMENT ALLOWANCE	155,083,260	0.00	155,178,924	0.00	155,083,260	0.00	155,083,260	0.00
HEALTH INITIATIVES	18,590,380	0.00	18,590,380	0.00	18,590,380	0.00	18,590,380	0.00
HEALTHY FAMILIES TRUST	14,735,373	0.00	14,735,373	0.00	14,735,373	0.00	14,735,373	0.00
LIFE SCIENCES RESEARCH TRUST	26,697,272	0.00	26,697,272	0.00	26,697,272	0.00	26,697,272	0.00
PREMIUM	8,117,943	0.00	9,259,854	0.00	9,259,854	0.00	9,259,854	0.00
AMBULANCE SERVICE REIMB ALLOW	1,904,607	0.00	1,904,607	0.00	1,904,607	0.00	1,904,607	0.00
TOTAL - PD	2,680,756,338	0.00	2,405,421,921	0.00	2,147,105,736	0.00	2,188,100,770	0.00
TOTAL	2,680,756,338	0.00	2,405,421,921	0.00	2,147,105,736	0.00	2,188,100,770	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	12,510,119	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	0	0.00	364,688	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	12,874,807	0.00
TOTAL	0	0.00	0	0.00	0	0.00	12,874,807	0.00
MC Actuarial - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	34,356,898	0.00	34,934,069	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	66,901,274	0.00	66,324,103	0.00
TOTAL - PD	0	0.00	0	0.00	101,258,172	0.00	101,258,172	0.00
TOTAL	0	0.00	0	0.00	101,258,172	0.00	101,258,172	0.00
GRAND TOTAL	\$2,680,756,338	0.00	\$2,405,421,921	0.00	\$2,248,363,908	0.00	\$2,302,233,749	0.00

1/24/24 15:11

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.760	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$261,848,635	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in CHIP, Pharmacy, Physician, Show-Me Healthy Babies, Nursing Facilities, Non-Emergency Medical Transportation, Premium Payments, Rehab, Blind Pension Medical, and Clawback.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
MANAGED CARE								
CORE								
PROGRAM DISTRIBUTIONS	2,680,756,338	0.00	2,405,421,921	0.00	2,147,105,736	0.00	2,188,100,770	0.00
TOTAL - PD	2,680,756,338	0.00	2,405,421,921	0.00	2,147,105,736	0.00	2,188,100,770	0.00
GRAND TOTAL	\$2,680,756,338	0.00	\$2,405,421,921	0.00	\$2,147,105,736	0.00	\$2,188,100,770	0.00
GENERAL REVENUE	\$613,182,876	0.00	\$496,910,932	0.00	\$445,004,264	0.00	\$475,508,682	0.00
FEDERAL FUNDS	\$1,792,256,393	0.00	\$1,624,810,070	0.00	\$1,418,496,217	0.00	\$1,428,986,833	0.00
OTHER FUNDS	\$275,317,069	0.00	\$283,700,919	0.00	\$283,605,255	0.00	\$283,605,255	0.00

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1a. What strategic priority does this program address?

Ensuring healthy, safe, and productive lives for MO HealthNet participants.

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. Federal Regulation 42 CFR 438-Managed Care and State Authority Section 208.166, RSMo, require capitation payments made on behalf of managed care participants to be actuarially sound. Therefore, MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs.

As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups:

- MO HealthNet for Families - Adults and Children
- MO HealthNet for Children
- MO HealthNet for Pregnant Women
- Children's Health Insurance Program (CHIP)
- Show Me Healthy Kids (SMHK)
- Show Me Healthy Babies Program (SMHB)

Those participants who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), meet the SSI medical disability definition, children in state care and custody, or children who receive adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to "opt out" and receive services on a fee-for-service basis instead.

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services; family planning services; dental; optical; audiology; personal care; tobacco cessation; and behavioral health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain behavioral health services, including ICF/ID; community psychiatric rehabilitation services; and Comprehensive Substance Treatment and Rehabilitation (CSTAR) services.

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan and an approved federal 1915(b) waiver. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance with contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Commerce and Insurance to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Managed Care quality is monitored, evaluated, and improved on a continuous basis through the following tools and processes:

- Healthcare Effectiveness Data Information Set (HEDIS) measures are tracked for each health plan and compared to statewide and national averages to assess Missouri's performance on key healthcare quality benchmarks.
- National Committee for Quality Assurance (NCQA) accreditation is required for each Managed Care plan.
- Performance Withhold Program encourages quality improvement by setting aside a portion of capitation payments made to health plans, which the health plans must earn back by meeting or exceeding performance targets.

Year	Actuarial Rate Increase
SFY 2024	\$123,508,431
SFY 2023	\$134,729,476
SFY 2022	\$0
SFY 2021	\$61,757,537
SFY 2020	\$136,699,908
SFY 2019	\$35,579,257
SFY 2018	\$20,403,308
SFY 2017	\$21,266,346
SFY 2016	\$11,192,155
SFY 2015	\$54,573,006

These amounts represent actuarial increases granted by the General Assembly for Managed Care, CHIP, and SMHB for the SFY.

PROGRAM DESCRIPTION

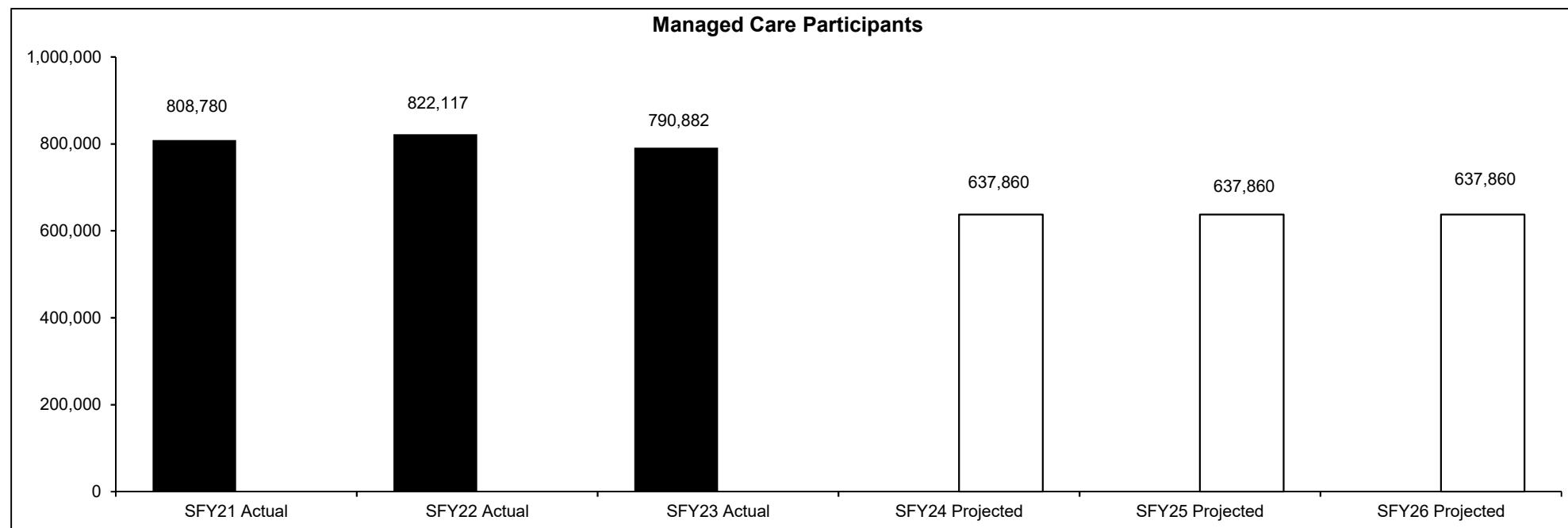
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total managed care participants enrolled as of the close of SFY 2023. As of SFY23, Managed Care Participant totals do not include the Show-Me Healthy Kid (SMHK), CHIP, or AEG populations because each of these populations are reflected in their own section.

Note 2: Managed Care enrollment increased in SFY22 due to eligibility not being terminated during the COVID-19 pandemic. The Managed Care population is projected to start decreasing in SFY24 due to the Public Health Emergency (PHE) ending.

PROGRAM DESCRIPTION

Department: Department of Social Services

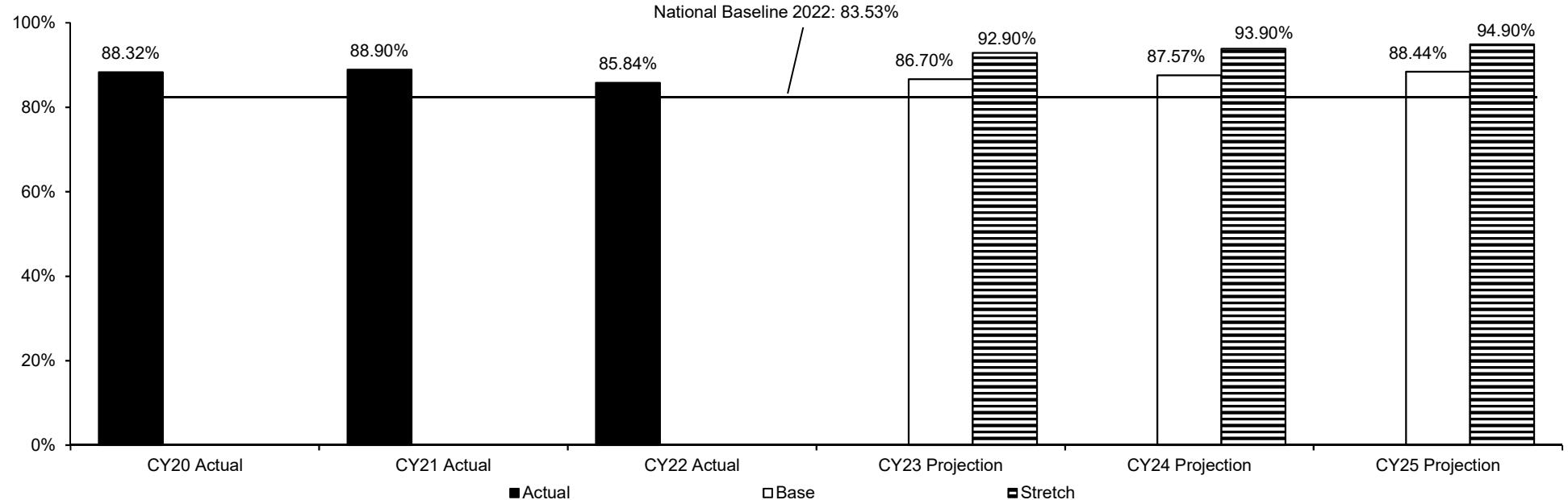
HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2b. Provide a measure(s) of the program's quality.

Timeliness of Prenatal Care - MO HealthNet Managed Care, Baseline and Stretch Target by Calendar Year



Note 1: Chart depicts the percentage of deliveries that received a prenatal care visit as a member in the first trimester. Preventive visits increase cost effectiveness through avoiding expensive health care costs. Prenatal care is important for preventing adverse birth outcomes, expensive hospitalizations, and costs associated with long-term disabilities.

Note 2: This is a HEDIS measure, which are standardized measures that allow for routine assessment and continual improvement in the quality of health care.

Note 3: Base is a 1% increase from the prior CY Actual. Stretch is increased to depict goals for FFY projections.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

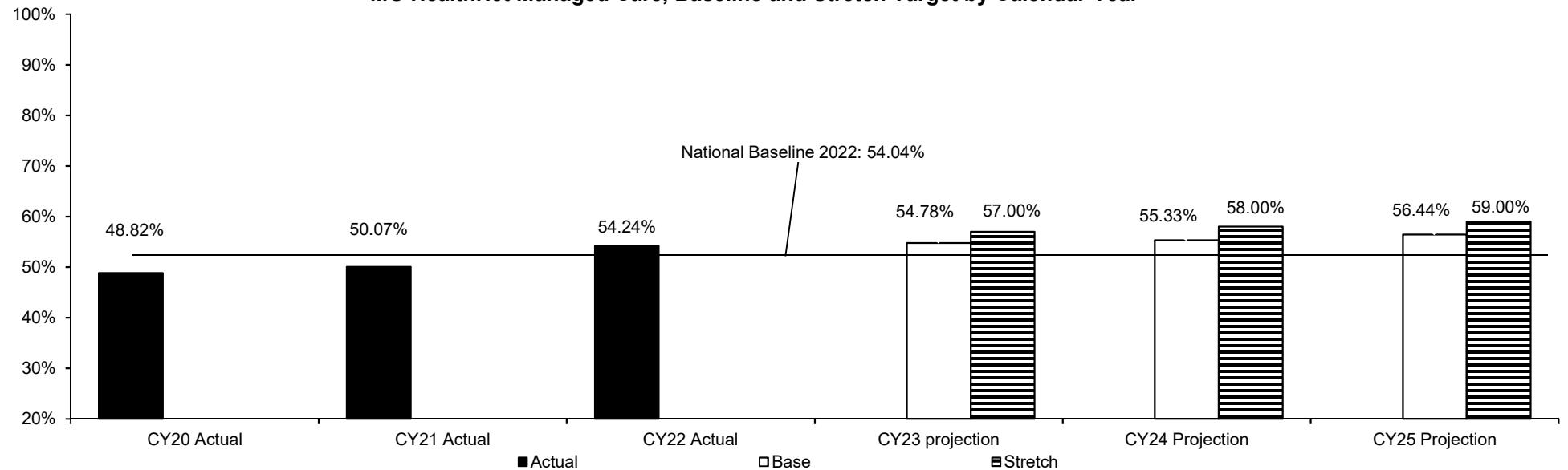
Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2c. Provide a measure(s) of the program's impact.

Increase the percentage of participants who receive six or more well-child visits in the first 15 months of life.

**Percent of Participants who Received Six or More Well-Child Visits in the First 15 Months of Life
MO HealthNet Managed Care, Baseline and Stretch Target by Calendar Year**



Note 1: Chart depicts the percentage of participants who receive six or more well-child visits in the first 15 months of life. The decrease in CY20 is due to the PHE.

Note 2: Base is a 1% increase from the prior CY Actual. Stretch goal is to be above the National Baseline for child well-being visits.

PROGRAM DESCRIPTION

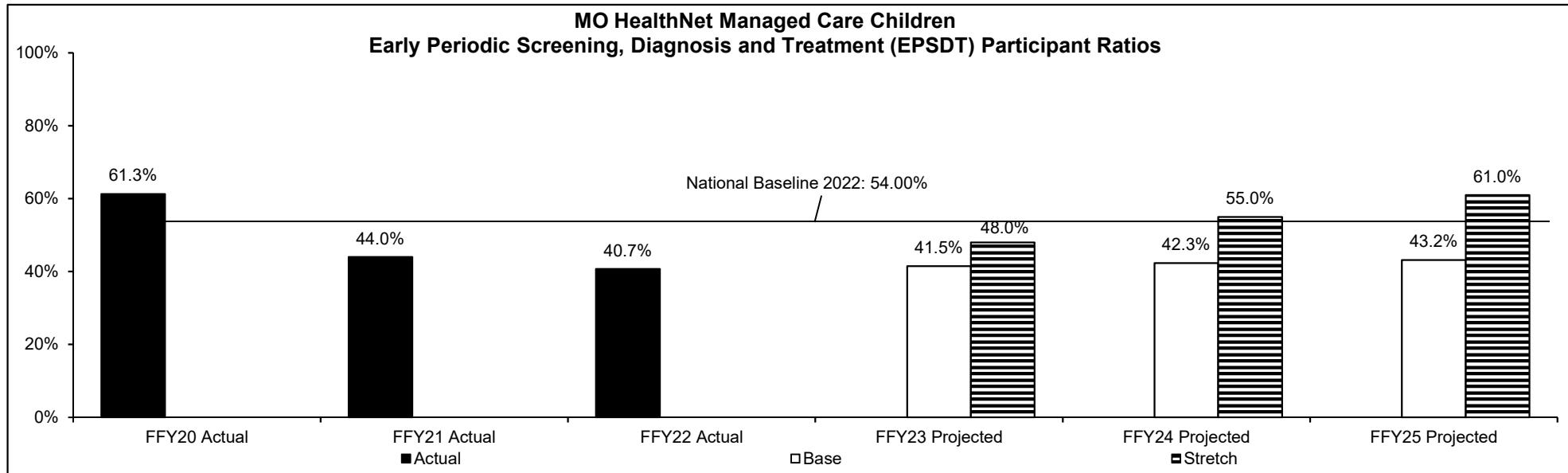
Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart depicts the ratio of participants that received at least one initial or periodic screening. Measure relates to eligible children and youth under the age of 21 years. The large decrease from FY20 to FY21 is due to increased eligibility during the Public Health Emergency (PHE) and fewer visits by members. Eligibility is expected to decline at the end of the PHE, therefore, projections are based on FY20 actuals.

Note 2: Program measure provides early and periodic medical/dental screenings, diagnosis and treatment to keep children healthy and prevent illness or disability.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual. Stretch is increased to depict goals for FFY projections.

PROGRAM DESCRIPTION

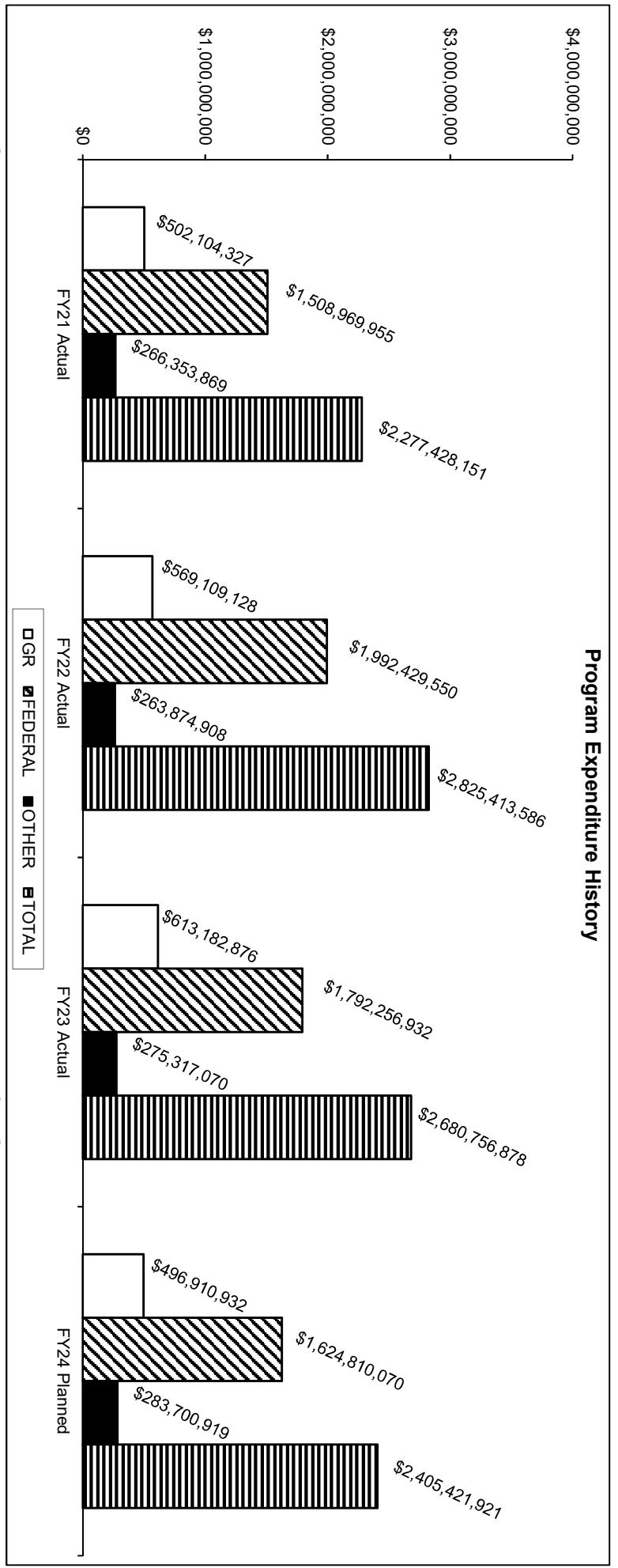
Department: Department of Social Services

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

HB Section(s): 11.760

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2024 expenditures are net of reserves.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.760

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo. Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932. Federal Regulations: 42 CFR 438 and 412.106.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. Missouri's state matching requirement for enhanced CHIP FMAP is around 24% and the federal match is around 76%.

7. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis as specified in the FFS cores.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care Specialty Plan

Budget Unit: 90601C
HB Section: 11.765

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request					FY 2025 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	110,023,103	224,135,477	21,402,611	355,561,191	PSD	110,023,103	208,328,840	21,402,611	339,754,554
TRF	0	0	0	0	TRF	0	0	0	0
Total	110,023,103	224,135,477	21,402,611	355,561,191	Total	110,023,103	208,328,840	21,402,611	339,754,554
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Ambulance Service Reimb Allowance Fund (0958) - \$300,000
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$21,102,611

Other Funds:

Ambulance Service Reimb Allowance Fund (0958) - \$300,000
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$21,102,611

2. CORE DESCRIPTION

This item funds health care services, behavioral health services, and care management and coordination to children in the care and custody of the State of Missouri; children who receive adoption or legal guardianship subsidy assistance; and individuals under the age of 26 who were in foster care on their 18th birthday and were covered by MO HealthNet. This item also funds individuals who were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care Specialty Plan

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care Specialty Plan

Budget Unit: 90601C
HB Section: 11.765

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	350,263,527	383,903,354
Less Reverted (All Funds)	0	0	0	(3,300,693)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	350,263,527	380,602,661
Actual Expenditures (All Funds)	0	0	312,938,391	N/A
Unexpended (All Funds)	0	0	37,325,136	N/A
Unexpended, by Fund:				
General Revenue	0	0	3,161,106	N/A
Federal	0	0	33,907,148	N/A
Other	0	0	256,881	N/A
			(1)	(2)

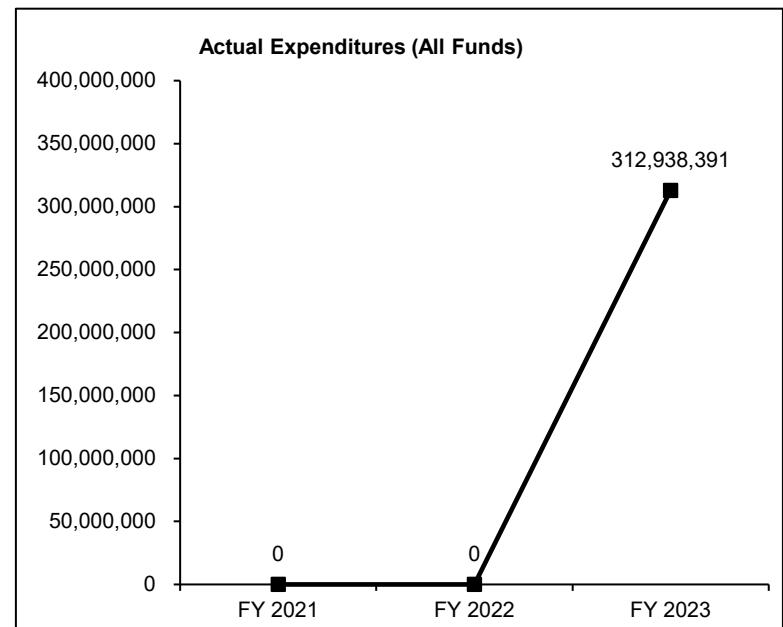
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY23 - Managed Care Specialty Plan was established (HB 11.762). New Decision Item funded for QRTP Rate Increase (\$990,241 GR; \$1,917,785 Fed).
- (2) FY24 - New Decision Items funded for FMAP Adjustment (\$312,131 Fed), MHD CTC (\$6,030,241 GR; \$12,270,882 Fed), Managed Care Actuarial Increase (\$3,619,738 GR; \$7,028,117 Fed), TFC Rate Increase (\$122,566 GR; \$235,919 Fed), QRTP/Non-IMD & QRT/IMD Rates (\$3,328,739 GR; \$3,102,936 Fed). Supplemental awarded for \$2,199,311.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE SPECIALTY PLAN**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	110,023,103	252,477,640	21,402,611	383,903,354	
	Total	0.00	110,023,103	252,477,640	21,402,611	383,903,354	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1127 1468	PD	0.00	0 (28,342,163)	0 (28,342,163)	Core reduction due to estimated lapse.	
NET DEPARTMENT CHANGES		0.00	0 (28,342,163)		0 (28,342,163)		
DEPARTMENT CORE REQUEST							
	PD	0.00	110,023,103	224,135,477	21,402,611	355,561,191	
	Total	0.00	110,023,103	224,135,477	21,402,611	355,561,191	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1127 1468	PD	0.00	0 (2,602,276)	0 (2,602,276)	Core reduction due to estimated lapse.	
Core Reduction	2484 1468	PD	0.00	0 (13,204,361)	0 (13,204,361)	FMAP adjustment reduction	
NET GOVERNOR CHANGES		0.00	0 (15,806,637)		0 (15,806,637)		
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	110,023,103	208,328,840	21,402,611	339,754,554	
	Total	0.00	110,023,103	208,328,840	21,402,611	339,754,554	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
MANAGED CARE SPECIALTY PLAN								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	96,272,155	0.00	110,023,103	0.00	110,023,103	0.00	110,023,103	0.00
TITLE XIX-FEDERAL AND OTHER	195,520,507	0.00	252,477,640	0.00	224,135,477	0.00	208,328,840	0.00
FEDERAL REIMBURSMENT ALLOWANCE	21,102,611	0.00	21,102,611	0.00	21,102,611	0.00	21,102,611	0.00
AMBULANCE SERVICE REIMB ALLOW	43,119	0.00	300,000	0.00	300,000	0.00	300,000	0.00
TOTAL - PD	312,938,392	0.00	383,903,354	0.00	355,561,191	0.00	339,754,554	0.00
TOTAL	312,938,392	0.00	383,903,354	0.00	355,561,191	0.00	339,754,554	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	13,204,361	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	13,204,361	0.00
TOTAL	0	0.00	0	0.00	0	0.00	13,204,361	0.00
MC Actuarial - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,285,370	0.00	2,320,938	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	4,122,711	0.00	4,087,143	0.00
TOTAL - PD	0	0.00	0	0.00	6,408,081	0.00	6,408,081	0.00
TOTAL	0	0.00	0	0.00	6,408,081	0.00	6,408,081	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,678,217	0.00	11,259,628	0.00
TOTAL - PD	0	0.00	0	0.00	3,678,217	0.00	11,259,628	0.00
TOTAL	0	0.00	0	0.00	3,678,217	0.00	11,259,628	0.00
GRAND TOTAL	\$312,938,392	0.00	\$383,903,354	0.00	\$365,647,489	0.00	\$370,626,624	0.00

1/24/24 15:11
im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90601C BUDGET UNIT NAME: Managed Care Specialty Plan HOUSE BILL SECTION: 11.765	DEPARTMENT: Social Services DIVISION: MO HealthNet
--	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	N/A	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
MANAGED CARE SPECIALTY PLAN								
CORE								
PROGRAM DISTRIBUTIONS	312,938,392	0.00	383,903,354	0.00	355,561,191	0.00	339,754,554	0.00
TOTAL - PD	312,938,392	0.00	383,903,354	0.00	355,561,191	0.00	339,754,554	0.00
GRAND TOTAL	\$312,938,392	0.00	\$383,903,354	0.00	\$355,561,191	0.00	\$339,754,554	0.00
GENERAL REVENUE	\$96,272,155	0.00	\$110,023,103	0.00	\$110,023,103	0.00	\$110,023,103	0.00
FEDERAL FUNDS	\$195,520,507	0.00	\$252,477,640	0.00	\$224,135,477	0.00	\$208,328,840	0.00
OTHER FUNDS	\$21,145,730	0.00	\$21,402,611	0.00	\$21,402,611	0.00	\$21,402,611	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Show Me Healthy Kids

Program is found in the following core budget(s): Managed Care Specialty Plan

1a. What strategic priority does this program address?

Provide a comprehensive physical and behavioral health delivery system for state care and custody members.

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The specialty plan allows participants to receive both their physical health services and behavioral health services through managed care, thus providing a coordinated approach.

Effective July 1, 2022, Missouri established the Managed Care Specialty Plan also known as the Show-Me Healthy Kids (SMHK) program. SMHK's objectives are to enhance cross-system partnerships and trauma informed care across child-serving systems to strengthen coordination and improve the well-being of children, youth, and families; promote early identification, prevention, and treatment to support resiliency, and recovery for children, youth, and families; to partner with providers to support whole-person care and provide care coordination; establish a comprehensive Physical and Behavioral Health provider network that specializes in the targeted population; and to establish an effective partnership amongst all stakeholders to build a collaborative strategy emphasizing accountability, behavioral, and physical health integration and health outcomes, and drive the system towards value-based care.

SMHK includes the following MO HealthNet eligibility groups:

- Children in the care and custody of the State through Children's Division or Division of Youth Services
- Persons under age 26, who were in foster care on their 18th birthday and:
- Were covered by MO HealthNet, and who meet other eligibility criteria
- Were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group
- Children who receive adoption or legal guardianship subsidy assistance

SMHK eligibles may voluntarily dis-enroll from the Managed Care Program or choose to not enroll in the Managed Care Program if they:

- Are eligible for Supplemental Security Income (SSI) under Title XVI of the Act;
- Are described in Section 501(a)(1)(D) of the Act; or
- Are described in Section 1902- (e)(3) of the Act.

SMHK participants receive medical health services, behavioral health services, and care management and coordination. Examples of services included in the specialty plans are: hospital; physician; emergency medical services; maternity services; inpatient and outpatient behavioral health services; substance use disorder services; trauma informed comprehensive care management; disease management. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; applied behavioral analysis (ABA) services; and services administered by the Department of Mental Health, including: community psychiatric rehabilitation, comprehensive substance treatment and rehabilitation, and targeted care management.

PROGRAM DESCRIPTION

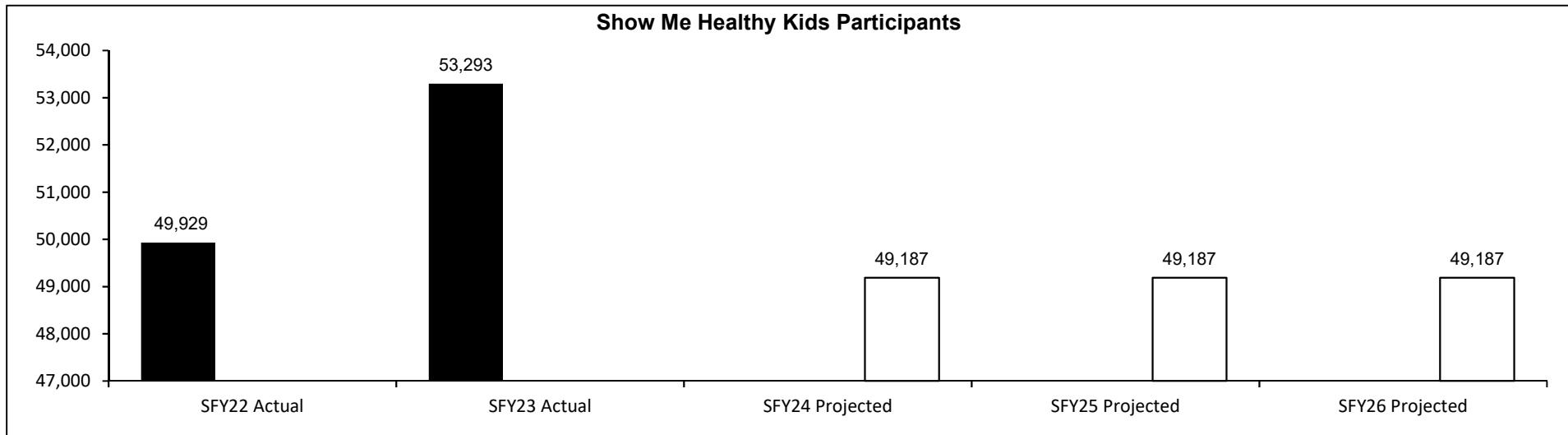
Department: Social Services

HB Section(s): 11.765

Program Name: Show Me Healthy Kids

Program is found in the following core budget(s): Managed Care Specialty Plan

2a. Provide an activity measure for the program.



Note: Managed Care enrollment for this program began in July 2022; however, due to the eligibility criteria modifications during the Public Health Emergency (PHE), there are participants covered under this managed care plan that may be eligible for a managed care general plan. Starting in July 2023, the SMHK population is projected to decrease due to these eligibility modifications.

2b. Provide a measure of the program's quality.

This is a new program, and MHD will have updated measures once a full year of data is available. This measure will evaluate the percentage of children and adolescents, 1–17 years of age, who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

2c. Provide a measure of the program's impact.

This is a new program, and MHD will have updated measures once a full year of data is available. This measure will evaluate the percentage of participants, 5–64 years of age, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

PROGRAM DESCRIPTION

Department: Social Services

Program Name: Show Me Healthy Kids

Program is found in the following core budget(s): Managed Care Specialty Plan

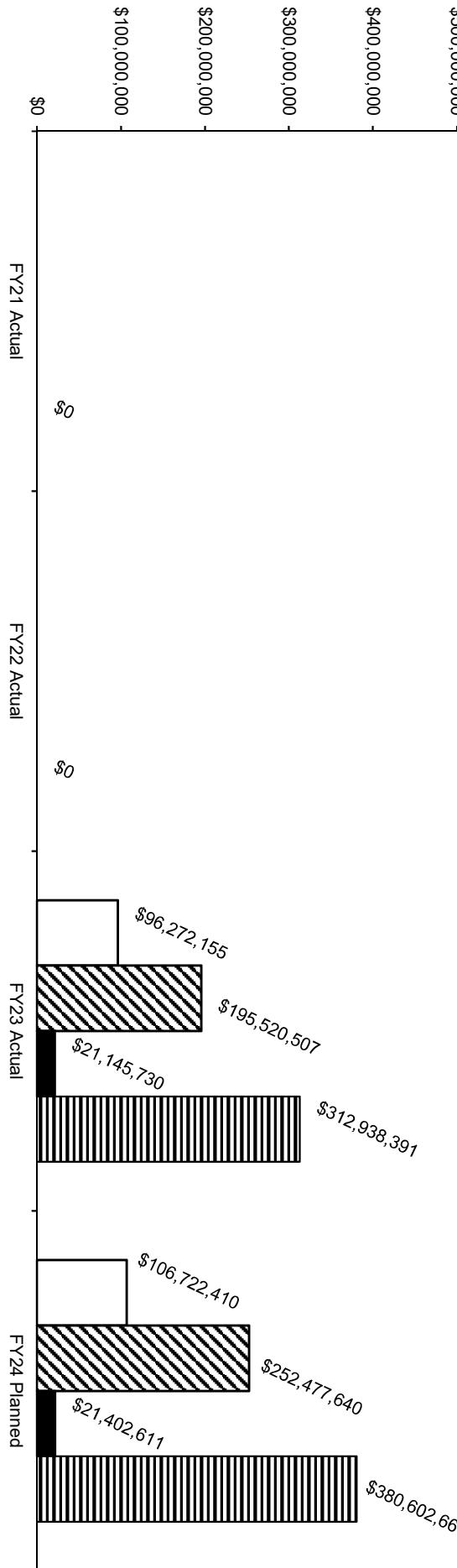
HB Section(s): 11.765

2d. Provide a measure of the program's efficiency.

This is a new program, and MHD will have updated measures once a full year of data is available. This measure will evaluate the percentage of children, 6-12 years of age, who are prescribed ADHD medication and have had the appropriate number of follow up care visits. The number of follow up care visits is based on how long they have been on the medication.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



Appropriation established in FY2023. Planned FY2024 expenditures are net of reverted.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.765

Program Name: Show Me Healthy Kids

Program is found in the following core budget(s): Managed Care Specialty Plan

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142) and Ambulance Service Reimbursement Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo. Federal law: Social Security Act Sections 1902 (a)(4), 1915(b) and 1115. Federal Regulations: 42 CFR, Part 438.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C
HB Section: 11.770

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	215,000	215,000	430,000
PSD	71,730,334	428,322,894	143,297,446	643,350,674
TRF	0	0	0	0
Total	71,730,334	428,537,894	143,512,446	643,780,674

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	215,000	215,000	430,000
PSD	71,730,334	407,802,392	143,297,446	622,830,172
TRF	0	0	0	0
Total	71,730,334	408,017,392	143,512,446	623,260,172

FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$113,131,293
Pharmacy Reimbursement Allowance (0144) - \$15,709
Healthy Families Trust (0625) - \$30,365,444

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$113,131,293
Pharmacy Reimbursement Allowance (0144) - \$15,709
Healthy Families Trust (0625) - \$30,365,444

2. CORE DESCRIPTION

This item provides funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Inpatient and Outpatient hospital services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C
HB Section: 11.770

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	679,513,708	716,299,039	590,469,569	643,780,674
Less Reverted (All Funds)	0	0	0	(240,000)
Less Restricted (All Funds)*	0	0	0	0
Budget Authority (All Funds)	679,513,708	716,299,039	590,469,569	643,540,674
Actual Expenditures (All Funds)	668,029,754	651,828,084	578,613,676	N/A
Unexpended (All Funds)	11,483,954	64,470,955	11,855,893	N/A
Unexpended, by Fund:				
General Revenue	3,111,127	3,600,583	11,745,029	N/A
Federal	5,719,084	60,706,753	69,329	N/A
Other	2,653,743	163,619	41,535	N/A
(1)	(2)	(3)	(4)	

*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

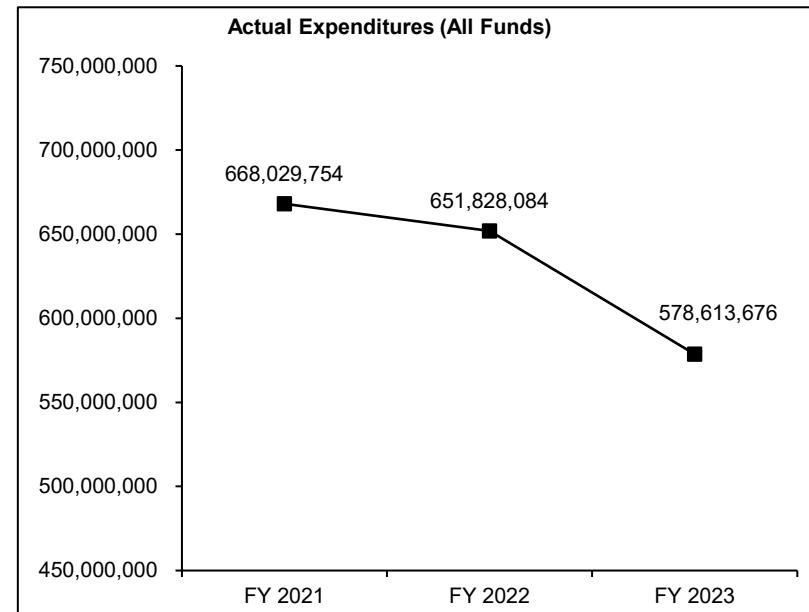
NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$8,599,416 GR), Cost to Continue (\$16,152,024 GR; \$63,315,646 Fed), Asset Limit CTC (\$567,430 GR; \$1,630,742 Fed; \$305,539 Other), Asset Limit Phase-In (\$141,264 GR; \$405,980 Fed; \$76,066 Other). \$5,600,000 GR and \$39,306,933 Fed was flexed in to cover program expenditures. \$4,200,000 GR and \$32,800,000 Fed was used as flex to cover other program expenditures.

(2) FY22 - New Decision Items funded for FMAP Adjustment (\$3,233,851 Fed), Cost to Continue (\$21,249,484 Fed), GR Pickup for Tobacco Shortfall (\$10,000,000 GR), Asset Limit CTC (\$580,753 GR; \$1,764,498 Fed; \$327,826 Other). Supplemental funded for \$122,279,980. \$475,000 Fed was flexed in. \$9,800,000 GR and \$12,000,000 Fed was used as flex to cover program expenditures.

(3) FY23 - New Decision Items funded for FMAP Adjustment (\$431,877 GR), MHD CTC (\$8,457,957 GR), Family First CTC (\$1,723,305 GR; \$3,399,480 Fed). \$18,000,000 Fed was flexed in and \$53,160,000 was used as flex to cover program expenditures.

(4) FY24 - New Decision Items funded for FMAP Adjustment (\$6,629,239 Fed), MHD CTC (\$23,521,023 GR; \$17,025,659 Fed), Inpatient Psychiatric Care Rate Increase (\$8,000,000 GR; \$16,500,000 Fed; \$500,000 OTH). Supplemental awarded for \$27,395,577.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOSPITAL CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	71,730,334	428,322,894	143,297,446	643,350,674	
	Total	0.00	71,730,334	428,537,894	143,512,446	643,780,674	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	71,730,334	428,322,894	143,297,446	643,350,674	
	Total	0.00	71,730,334	428,537,894	143,512,446	643,780,674	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2485 6471	PD	0.00	0	(7,843,200)	0	(7,843,200) FMAP adjustment reduction
Core Reduction	2494 6471	PD	0.00	0	(12,677,302)	0	(12,677,302) Core reduction due to estimated lapse.
NET GOVERNOR CHANGES		0.00		0 (20,520,502)		0 (20,520,502)	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	215,000	215,000	430,000	
	PD	0.00	71,730,334	407,802,392	143,297,446	622,830,172	
	Total	0.00	71,730,334	408,017,392	143,512,446	623,260,172	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HOSPITAL CARE								
CORE								
EXPENSE & EQUIPMENT								
TITLE XIX-FEDERAL AND OTHER	196,165	0.00	215,000	0.00	215,000	0.00	215,000	0.00
FEDERAL REIMBURSMENT ALLOWANCE	196,165	0.00	215,000	0.00	215,000	0.00	215,000	0.00
TOTAL - EE	392,330	0.00	430,000	0.00	430,000	0.00	430,000	0.00
PROGRAM-SPECIFIC								
GENERAL REVENUE	44,746,893	0.00	71,730,334	0.00	71,730,334	0.00	71,730,334	0.00
TITLE XIX-FEDERAL AND OTHER	370,699,707	0.00	428,322,894	0.00	428,322,894	0.00	407,802,392	0.00
FEDERAL REIMBURSMENT ALLOWANCE	132,393,593	0.00	112,916,293	0.00	112,916,293	0.00	112,916,293	0.00
PHARMACY REIMBURSEMENT ALLOWAN	15,708	0.00	15,709	0.00	15,709	0.00	15,709	0.00
HEALTHY FAMILIES TRUST	30,365,444	0.00	30,365,444	0.00	30,365,444	0.00	30,365,444	0.00
TOTAL - PD	578,221,345	0.00	643,350,674	0.00	643,350,674	0.00	622,830,172	0.00
TOTAL	578,613,675	0.00	643,780,674	0.00	643,780,674	0.00	623,260,172	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	7,843,200	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	7,843,200	0.00
TOTAL	0	0.00	0	0.00	0	0.00	7,843,200	0.00
OPFS Trend - 1886019								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,575,863	0.00	3,635,935	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	6,963,079	0.00	6,903,007	0.00
TOTAL - PD	0	0.00	0	0.00	10,538,942	0.00	10,538,942	0.00
TOTAL	0	0.00	0	0.00	10,538,942	0.00	10,538,942	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	12,636,346	0.00	5,346,404	0.00

1/24/24 15:11

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.770	DEPARTMENT: Social Services DIVISION: MO HealthNet
--	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$53,160,000	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care and Premium Payments.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	392,330	0.00	430,000	0.00	430,000	0.00	430,000	0.00
TOTAL - EE	392,330	0.00	430,000	0.00	430,000	0.00	430,000	0.00
PROGRAM DISTRIBUTIONS	578,221,345	0.00	643,350,674	0.00	643,350,674	0.00	622,830,172	0.00
TOTAL - PD	578,221,345	0.00	643,350,674	0.00	643,350,674	0.00	622,830,172	0.00
GRAND TOTAL	\$578,613,675	0.00	\$643,780,674	0.00	\$643,780,674	0.00	\$623,260,172	0.00
GENERAL REVENUE	\$44,746,893	0.00	\$71,730,334	0.00	\$71,730,334	0.00	\$71,730,334	0.00
FEDERAL FUNDS	\$370,895,872	0.00	\$428,537,894	0.00	\$428,537,894	0.00	\$408,017,392	0.00
OTHER FUNDS	\$162,970,910	0.00	\$143,512,446	0.00	\$143,512,446	0.00	\$143,512,446	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1a. What strategic priority does this program address?

Provide accessible, quality hospital care and ensure appropriate utilization

1b. What does this program do?

The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute, psychiatric, or rehabilitative care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting.

A full list of Missouri's 168 licensed hospitals can be found on the Department of Health and Senior Services website at:

<https://health.mo.gov/safety/healthservregs/directories.php>. The listing from DHSS dated 12/1/2023 lists a total of 168 licensed hospitals which includes 25 additional campus locations, and 7 hospitals that are Psychiatric Residential Treatment Facilities (PRTF).

Reimbursement Methodology

Inpatient Services

Reimbursement for inpatient hospital stays, also known as a "per diem rate," is determined by a prospective reimbursement plan. Effective for dates of service beginning 7/1/2022, the inpatient hospital reimbursement rate is based on the third prior year cost report trended to the current SFY. Total reimbursement is calculated based upon an individual participant's inpatient length of stay. To determine an inpatient length of stay, MO HealthNet calculates the lesser of:

- The number of days certified as medically necessary by MHD's authorized utilization review agent
- The number of days billed by the provider for the participant's length of stay
- The number of days allowed for any diagnosis not subject to review and certification by the utilization review agent. (Such diagnoses can be found on MHD's website at: <http://dss.mo.gov/mhd/providers/pdf/exempt-diagnosis-table.pdf>)

A hospital is eligible for an inpatient rate reconsideration to increase their per diem rate if it meets prescribed requirements concerning new or expanded inpatient services.

Outpatient Services

Effective 7/20/2021 all outpatient services are paid from a fee schedule.

Supplemental Payments

Psych Adjustment Payment is a supplemental payment to hospitals who have fee-for-service psychiatric hospital days as identified in the MMIS.

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for, but not limited to, inpatient and outpatient services. For a more detailed description of the FRA program, see the FRA program description.

PROGRAM DESCRIPTION

Department: Social Services

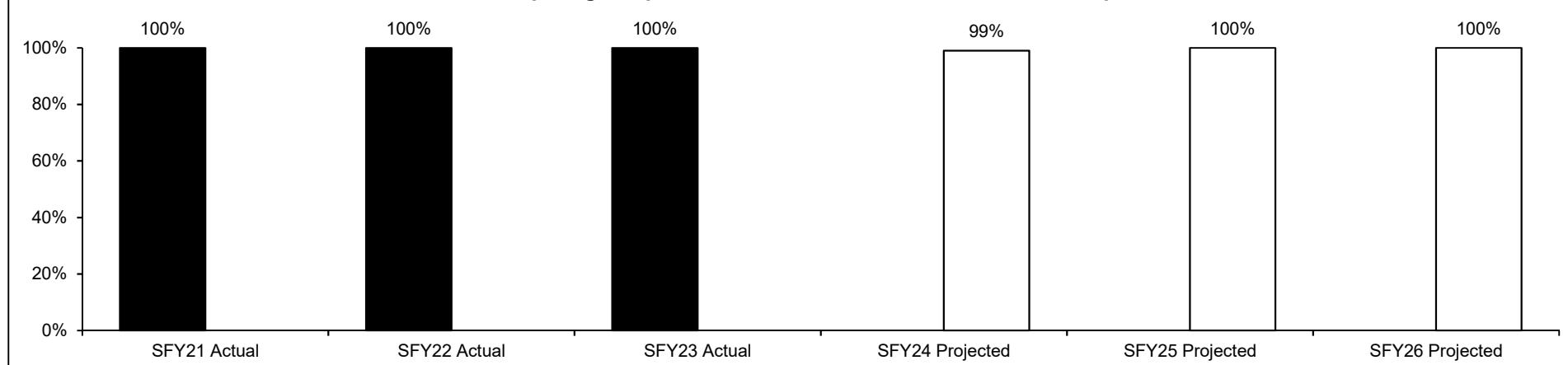
HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

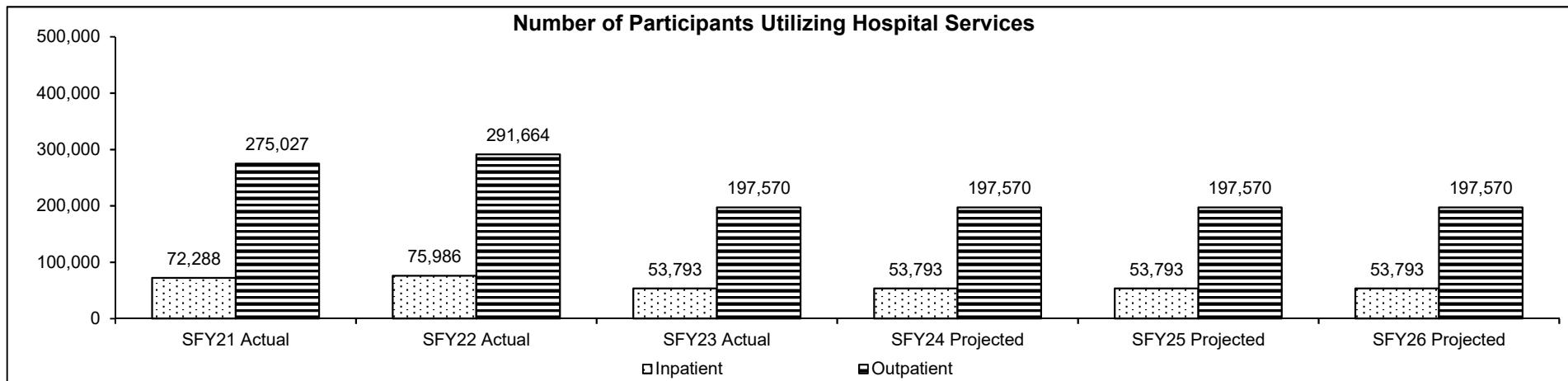
2a. Provide an activity measure(s) for the program.

Medicaid Participating Hospitals Based on a Total of 168 Licensed Hospitals



Note: The number of licensed hospitals includes separate licensing for hospitals with multiple sites.

Number of Participants Utilizing Hospital Services



Note: Future projections are based on eligibility requirements as of 7/1/23.

PROGRAM DESCRIPTION

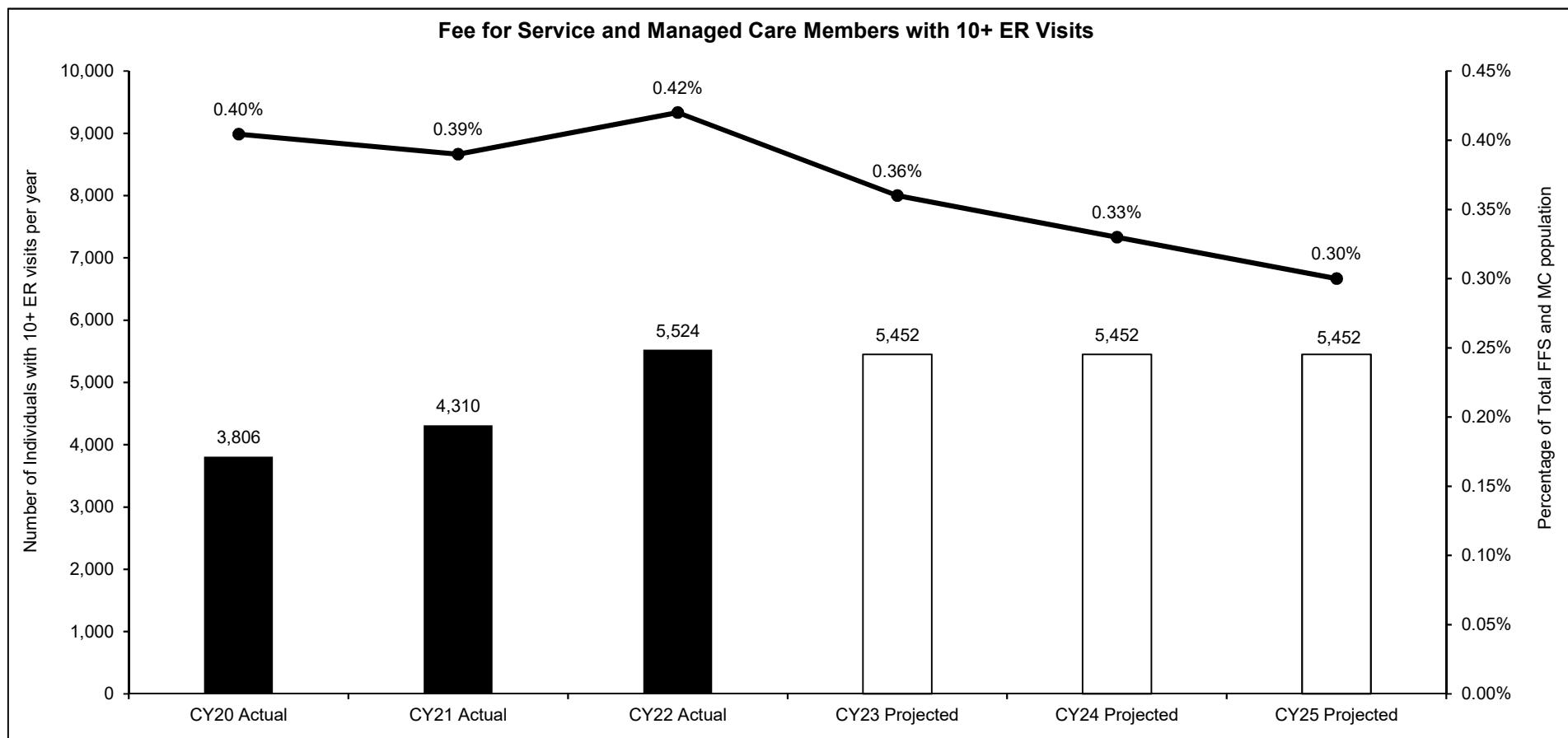
Department: Social Services

HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2b. Provide a measure(s) of the program's quality.



Note: The drop in CY20 utilization is assumed to be due to COVID 19.

PROGRAM DESCRIPTION

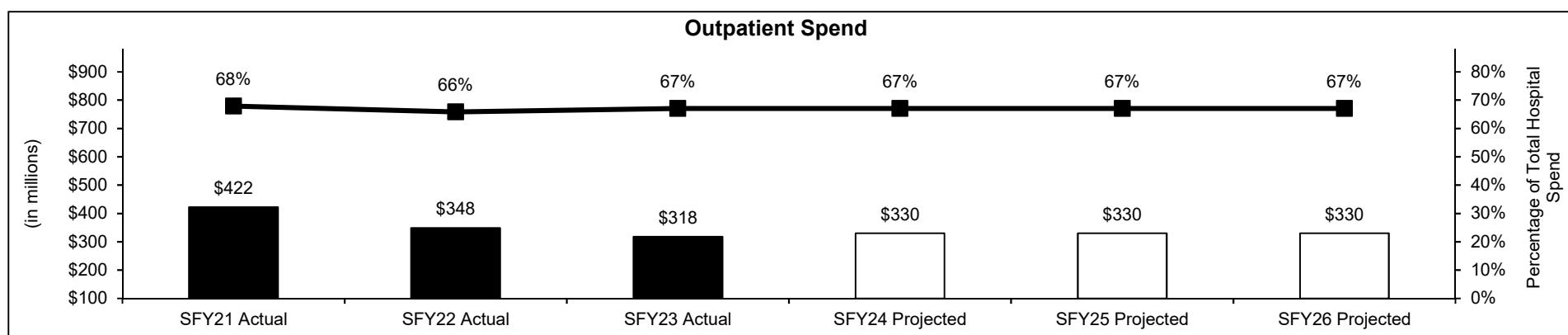
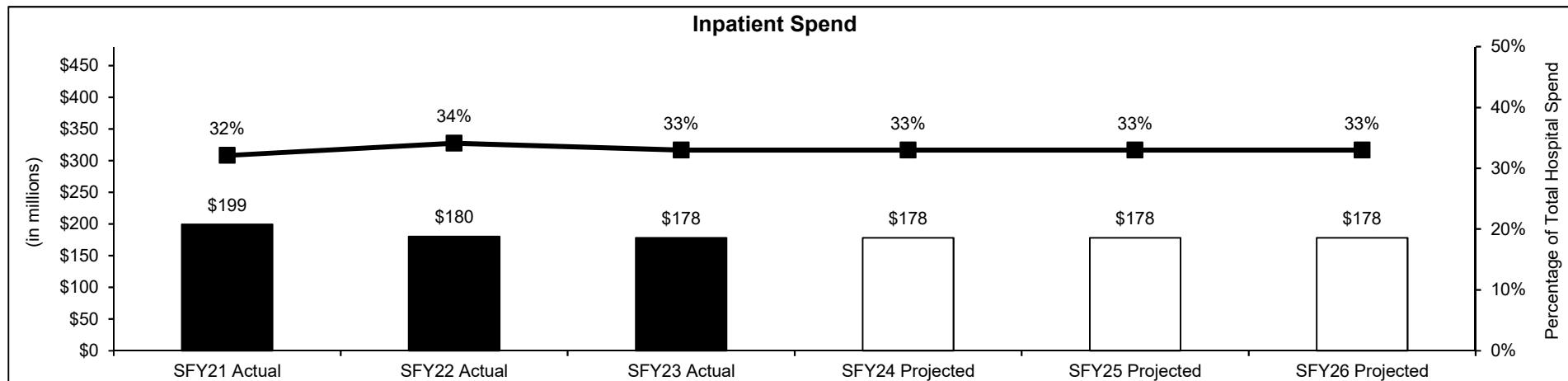
Department: Social Services

HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2c. Provide a measure(s) of the program's impact.



Note: Effective 07/20/2021 all outpatient hospital services will be paid from a fee schedule.

Target: Improve outpatient reimbursement payment policies and priorities by aligning outpatient reimbursement methodology with other payers by adopting a simplified fee schedule. Eighteen state Medicaid programs currently pay based on a simplified fee schedule. Twenty one state Medicaid programs have adopted or plan to adopt the Medicare Ambulatory Payment Classification (APC) or Enhanced Ambulatory Patient Grouping System (EAPG) outpatient reimbursement methodologies. Only twelve states rely primarily on cost reimbursement (interim rate or percent of charges).

PROGRAM DESCRIPTION

Department: Social Services

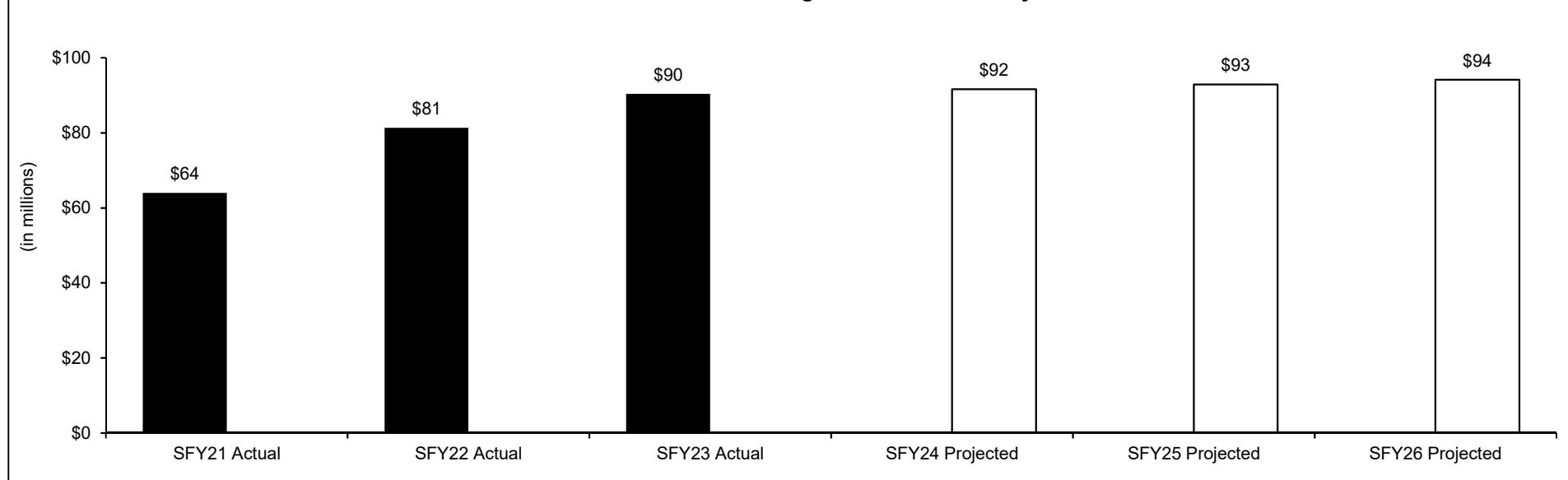
HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2d. Provide a measure(s) of the program's efficiency.

Total Cost Avoidance from Negotiated & Denied Days



Note: The number of inpatient days are negotiated or denied based on clinical review.

Target: Increase cost avoidance by continuing to avoid unnecessary inpatient admissions or lengths of stay.

PROGRAM DESCRIPTION

Department: Social Services

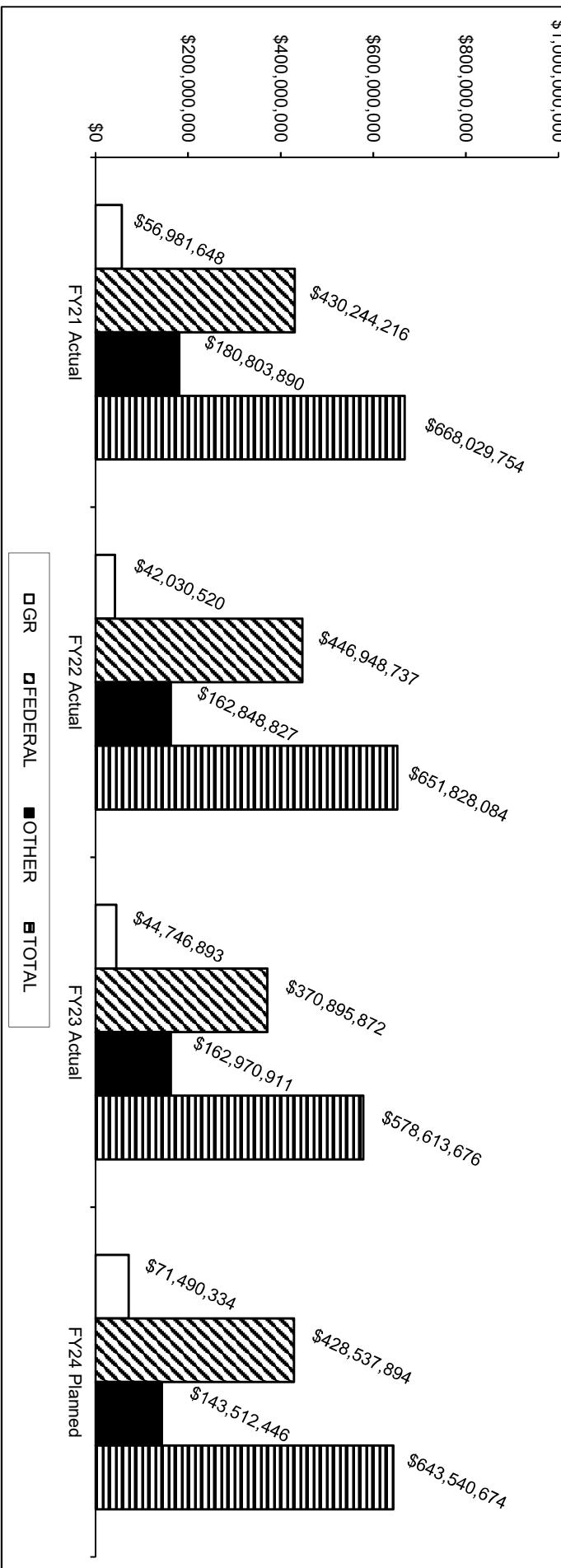
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

HB Section(s): 11.770

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**

Program Expenditure History



In FY22, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY24 expenditures are net reserves.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.770

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144), and Healthy Families Trust (0625)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo;

Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);

Federal regulations: 42 CFR 440.10 and 440.20

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Transformation of Rural Community Health (ToRCH) Hub Model

Budget Unit: 90607C

HB Section: 11.772

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	3,750,000	7,500,000	3,750,000	15,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	3,750,000	7,500,000	3,750,000	15,000,000

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	3,750,000	7,500,000	3,750,000	15,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	3,750,000	7,500,000	3,750,000	15,000,000

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (\$3,750,000)

Other Funds: Federal Reimbursement Allowance Fund (\$3,750,000)

2. CORE DESCRIPTION

This item provides funding for the Transformation of Rural Community Health (ToRCH) Hub Model.

3. PROGRAM LISTING (list programs included in this core funding)

Transformation of Rural Community Health (ToRCH) Hub Model

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90607C

Division: MO HealthNet

Core: Transformation of Rural Community Health (ToRCH) Hub Model

HB Section: 11.772

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	0	15,000,000
Less Reverted (All Funds)	0	0	0	(112,500)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	14,887,500
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

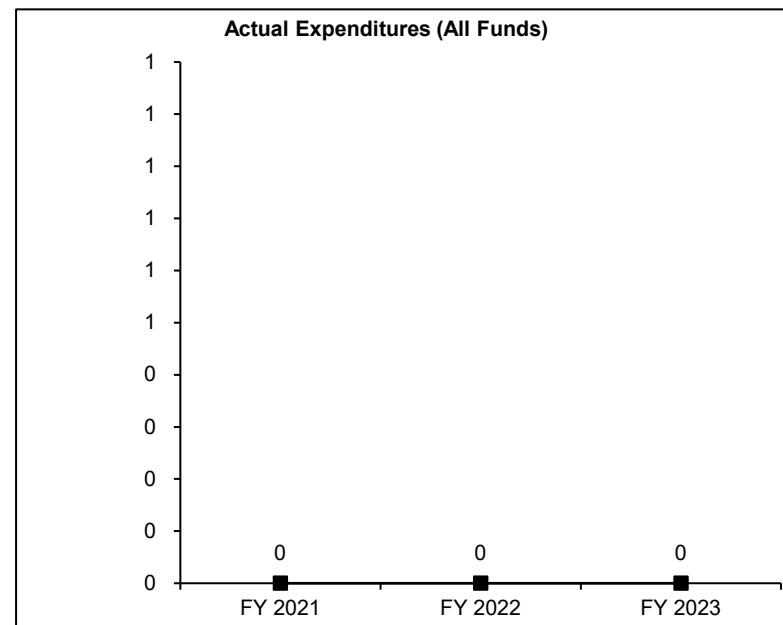
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY24 - HB 11.772 was established in FY24.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
TORCH RURAL HOSPITAL HLTH HUB

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	EE	0.00	3,750,000	7,500,000	3,750,000	15,000,000	
	Total	0.00	3,750,000	7,500,000	3,750,000	15,000,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	3,750,000	7,500,000	3,750,000	15,000,000	
	Total	0.00	3,750,000	7,500,000	3,750,000	15,000,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	3,750,000	7,500,000	3,750,000	15,000,000	
	Total	0.00	3,750,000	7,500,000	3,750,000	15,000,000	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
TORCH RURAL HOSPITAL HLTH HUB								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	7,500,000	0.00	7,500,000	0.00	7,500,000	0.00
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	3,750,000	0.00	3,750,000	0.00	3,750,000	0.00
TOTAL - EE	0	0.00	15,000,000	0.00	15,000,000	0.00	15,000,000	0.00
TOTAL	0	0.00	15,000,000	0.00	15,000,000	0.00	15,000,000	0.00
GRAND TOTAL	\$0	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
TORCH RURAL HOSPITAL HLTH HUB								
CORE								
PROFESSIONAL SERVICES	0	0.00	15,000,000	0.00	15,000,000	0.00	15,000,000	0.00
TOTAL - EE	0	0.00	15,000,000	0.00	15,000,000	0.00	15,000,000	0.00
GRAND TOTAL	\$0	0.00	\$15,000,000	0.00	\$15,000,000	0.00	\$15,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$3,750,000	0.00	\$3,750,000	0.00	\$3,750,000	0.00
FEDERAL FUNDS	\$0	0.00	\$7,500,000	0.00	\$7,500,000	0.00	\$7,500,000	0.00
OTHER FUNDS	\$0	0.00	\$3,750,000	0.00	\$3,750,000	0.00	\$3,750,000	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.772

Program Name: Transformation of Rural Community Health (ToRCH) Hub Model

Program is found in the following core budget(s): ToRCH

1a. What strategic priority does this program address?

Address social determinants of health in a meaningful and sustainable way.

1b. What does this program do?

The MO HealthNet Division (MHD) Transformation Office leads this program which was launched in SFY 2023. The model focuses on transforming the way care is delivered in Missouri's rural hospitals, which continue to see decreased utilization resulting in financial instability as Medicaid participants continue to drive past them to larger urban facilities to receive services. This model directs new resources to rural hospitals and communities that commit to addressing the "upstream" causes of poor health to deliver demonstrated value and improved health at the population level by focusing on social determinants of health. The model relies on robust partnerships across three key players in the rural community - hospitals, primary care and behavioral health clinics, and community based organizations who provide social services. Stakeholders will harness their knowledge of their community and their clinical expertise to decide which services are likely to have the greatest influence on hospital outcomes and population health (e.g. food banks, transportation, housing/utility assistance, etc.). Base funding will allow the model to address gaps in services and monitor closed-loop referrals to ensure services are received.

The first project will focus on getting six rural hospitals in Missouri operational as a Rural Hospital Health Hub. Baseline funding is utilized to support leadership, organizational work, and an analytics team at the hospital. This amount will be maintained over time and adjusted for inflation. Operational funding covers the model functions that will vary over time as various value based payment and shared savings components come into effect. This will be primarily based on savings to the Medicaid program due to reducing all-cause hospitalizations, avoidable hospitalizations, and avoidable emergency room visits. Additional shared savings will be earned based upon the hub community performing well on its selected population-health metrics. Funding for each hub is based on the size of the hospital and the community in which they serve. This project also utilizes a community information exchange platform to track referrals for social determinants of health and the closed-loop outcome. This platform tracks the activity and behaviors of the hospital, Medicaid participant, community organizations, and financials. The program plans to also utilize braided funding to ensure existing funding streams are utilized first.

2a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once data is available. The initial cohort of six rural hospitals have been selected with an intended launch of Spring 2024.

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once data is available. The initial cohort of six rural hospitals have been selected with an intended launch of Spring 2024.

2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once data is available. The initial cohort of six rural hospitals have been selected with an intended launch of Spring 2024.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.772

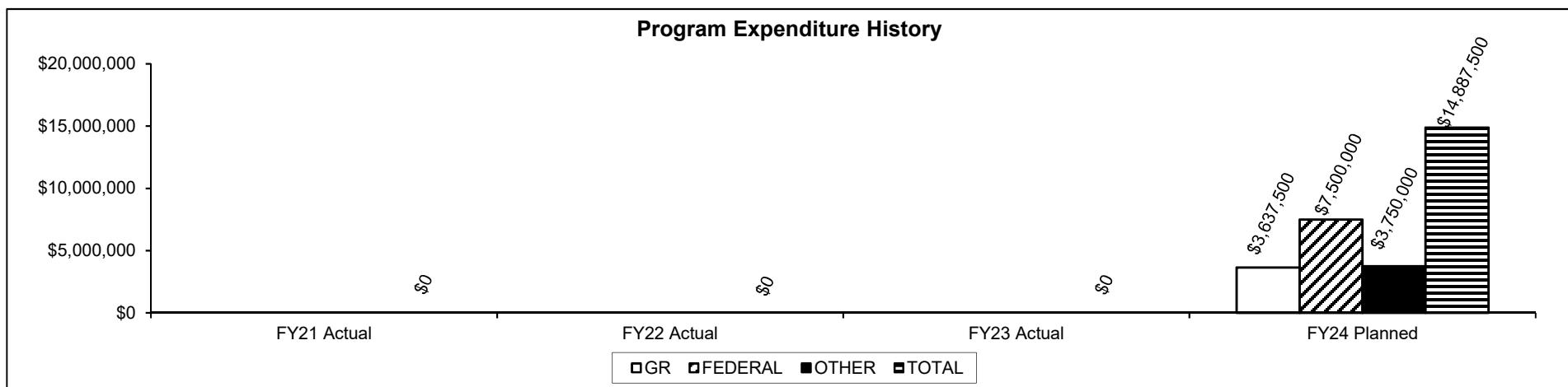
Program Name: Transformation of Rural Community Health (ToRCH) Hub Model

Program is found in the following core budget(s): ToRCH

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once data is available. The initial cohort of six rural hospitals have been selected with an intended launch of Spring 2024.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures are allocated in accordance with the methodology outlined in the department's cost allocation plan. Most program expenditures will earn a 50% match.

7. Is this a federally mandated program? If yes, please explain.

No

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pediatric Pilot Program

Budget Unit: 90602C
HB Section: 11.775

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request					FY 2025 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	0	0	0	0	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	0	0	0	0	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item funds a pilot program to reduce pediatric hospital admissions and emergency room visits for the pediatric medically complex population by providing support for medical care at home, supplies and equipment, mental health care, and care coordination through a partnership with a hospital.

3. PROGRAM LISTING (list programs included in this core funding)

Pediatric Pilot Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pediatric Pilot Program

Budget Unit: 90602C

HB Section: 11.775

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	1,500,000	1,500,000
Less Reverted (All Funds)	0	0	(22,500)	(22,500)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	1,477,500	1,477,500
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	1,477,500	N/A
Unexpended, by Fund:				
General Revenue	0	0	727,500	N/A
Federal	0	0	750,000	N/A
Other	0	0	0	N/A
			(1)	

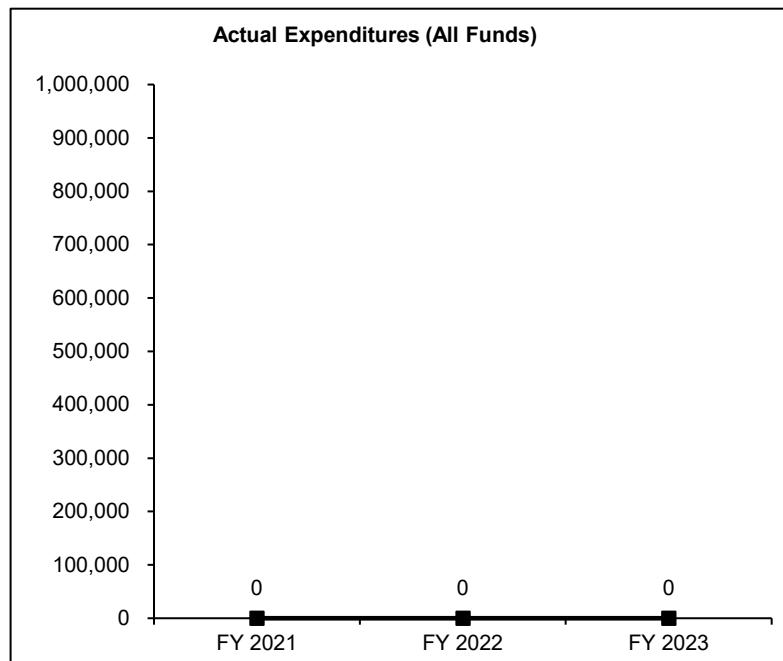
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - Pediatric Pilot Program (HB 11.767) was established.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PEDIATRIC PILOT PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	750,000	750,000	0	1,500,000	
	Total	0.00	750,000	750,000	0	1,500,000	
DEPARTMENT CORE ADJUSTMENTS							
Core Reallocation	408 1657	PD	0.00	0	(750,000)	0	(750,000) Reallocation to HB 11.795.
Core Reallocation	408 1655	PD	0.00	(750,000)	0	0	(750,000) Reallocation to HB 11.795.
NET DEPARTMENT CHANGES			0.00	(750,000)	(750,000)	0	(1,500,000)
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PEDIATRIC PILOT PROGRAM								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	750,000	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	750,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,500,000	0.00	0	0.00	0	0.00
TOTAL	0	0.00	1,500,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PEDIATRIC PILOT PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,500,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	1,500,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$750,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$750,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.775

Program Name: Hospital Pediatric Pilot Program

Program is found in the following core budget(s): Hospital Pediatric Pilot Program

1a. What strategic priority does this program address?

Well-being and quality of life of medically complex children

1b. What does this program do?

This is a care management pilot program to reduce hospital admissions and emergency room visits for the pediatric medically complex population, to improve the quality of life for the children and families while reducing costs associated with hospital admissions and emergency room visits, utilizing a team of medical professionals to assess the individuals, and to provide support for medical care at home, supplies and equipment, mental health care, and care coordination through a partnership with a hospital.

2a. Provide an activity measure(s) for the program.

This is a new program and MHD will have updated measures once data is available.

2b. Provide a measure(s) of the program's quality.

This is a new program and MHD will have updated measures once data is available.

2c. Provide a measure(s) of the program's impact.

This is a new program and MHD will have updated measures once data is available.

2d. Provide a measure(s) of the program's efficiency.

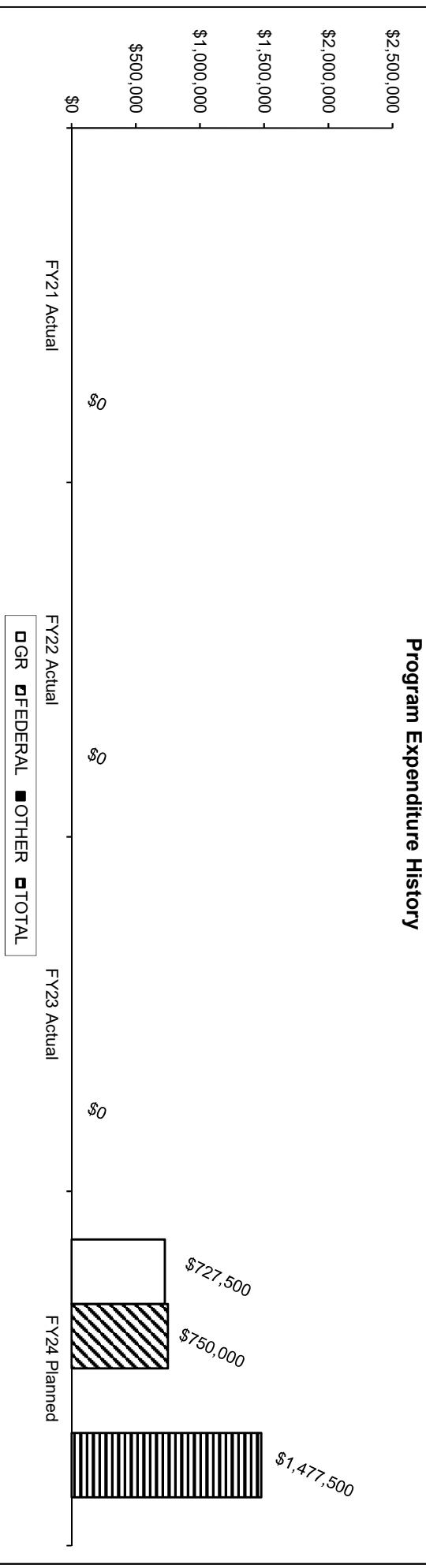
This is a new program and MHD will have updated measures once data is available.

PROGRAM DESCRIPTION

HB Section(s): 11.775

Department: Social Services
Program Name: Hospital Pediatric Pilot Program
Program is found in the following core budget(s): Hospital Pediatric Pilot Program

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Appropriation established in FY2023. Planned FY2024 expenditures are net of reverted.

- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

N/A

- 6. Are there federal matching requirements? If yes, please explain.**

Expenditures earn a 50% federal match and require a 50% state match.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.780

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	17,613,590	1,709,202	19,322,792
TRF	0	0	0	0
Total	0	17,613,590	1,709,202	19,322,792

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	17,613,590	1,709,202	19,322,792
TRF	0	0	0	0
Total	0	17,613,590	1,709,202	19,322,792

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Intergovernmental Transfer Fund (0139) - \$1,709,202

Other Funds: Intergovernmental Transfer Fund (0139) - \$1,709,202

2. CORE DESCRIPTION

Safety net hospitals are critical providers of care to the Medicaid and uninsured populations, and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. This item funds enhanced physician payments to Truman Medical Center and University of Missouri-Kansas City.

3. PROGRAM LISTING (list programs included in this core funding)

Physician Payments for Safety Net

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90558C

Division: MO HealthNet

HB Section: 11.780

Core: Physician Payments for Safety Net Hospitals

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	16,322,792	16,322,792	19,322,792	19,322,792
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	16,322,792	16,322,792	19,322,792	19,322,792
Actual Expenditures (All Funds)	16,107,472	16,113,590	15,136,588	N/A
Unexpended (All Funds)	215,320	209,202	4,186,204	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	6,118	0	2,477,002	N/A
Other	209,202	209,202	170,902	N/A
	(1)		(2)	

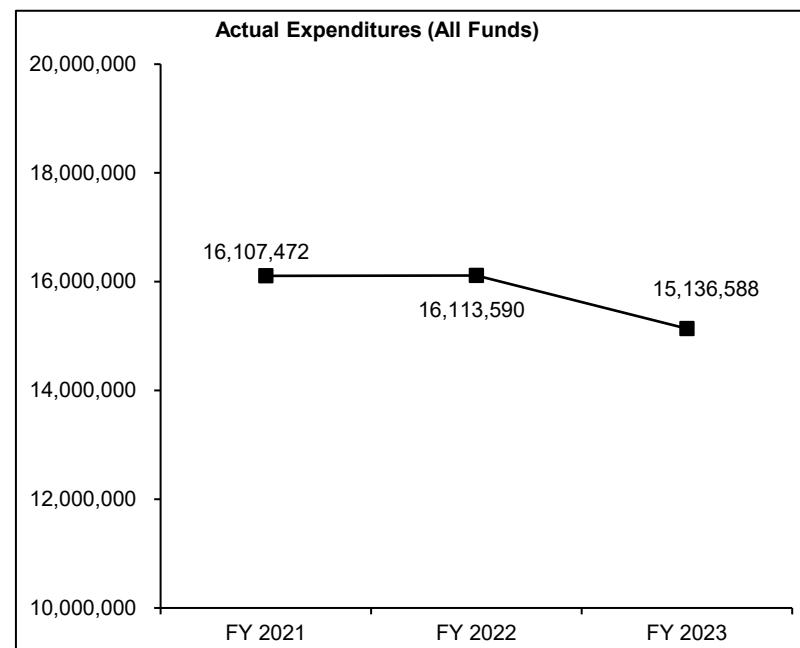
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision item funded for Physician Payments Safety Net FFS CTC (\$390,798 GR; \$209,202 Fed).
- (2) FY23 - New Decision item funded for Physician Payments (\$1,500,000 GR; \$1,500,000 Fed).



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	17,613,590	1,709,202	19,322,792	
	Total	0.00	0	17,613,590	1,709,202	19,322,792	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	15,136,588	0.00	17,613,590	0.00	17,613,590	0.00	17,613,590	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	1,709,202	0.00	1,709,202	0.00	1,709,202	0.00
TOTAL - PD	15,136,588	0.00	19,322,792	0.00	19,322,792	0.00	19,322,792	0.00
TOTAL	15,136,588	0.00	19,322,792	0.00	19,322,792	0.00	19,322,792	0.00
GRAND TOTAL	\$15,136,588	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$19,322,792	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	15,136,588	0.00	19,322,792	0.00	19,322,792	0.00	19,322,792	0.00
TOTAL - PD	15,136,588	0.00	19,322,792	0.00	19,322,792	0.00	19,322,792	0.00
GRAND TOTAL	\$15,136,588	0.00	\$19,322,792	0.00	\$19,322,792	0.00	\$19,322,792	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$15,136,588	0.00	\$17,613,590	0.00	\$17,613,590	0.00	\$17,613,590	0.00
OTHER FUNDS	\$0	0.00	\$1,709,202	0.00	\$1,709,202	0.00	\$1,709,202	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.780

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

1a. What strategic priority does this program address?

Attract and maintain quality physicians

1b. What does this program do?

This program provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, optometrists, audiologists, psychologists, and certified registered nurse anesthetists/anesthesiologist assistants not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. There are three entities that currently qualify for the additional physician payments-1) University Health Truman Medical Center, 2) University of Missouri Kansas City and 3) University Health Lakewood Medical Center. This program was established in July 2001 to provide a mechanism to fund enhanced payments to these safety net hospitals who traditionally see a high volume of Medicaid and uninsured patients.

Reimbursement Methodology

Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service. In addition to the reimbursement methodology above, University Health Truman Medical Center and University Health Lakewood Medical Center receive an enhanced payment equal to the difference between the Medicaid allowable reimbursement for the service and the Medicare equivalent of the average commercial rate of the top three commercial payers for the service.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.015(1)(B):

- Meet obstetrician requirements; and
- Have a Medicaid inpatient utilization rate (MIUR) at least one standard deviation above the state's mean MIUR or a low-income utilization rate (LIUR) greater than 25%; and
- Have an unsponsored care ratio of at least 65% and licensed for less than 50 inpatient beds; or
- Have an unsponsored care ratio of at least 65% and licensed for 50 inpatient beds or more, and have an occupancy rate greater than 40%; or
- Be a public non-state governmental acute care hospital with a LIUR of at least 40% and a MIUR greater than one standard deviation from the mean, and is licensed for 50 inpatient beds or more and has an occupancy rate of at least 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health.

This program is exempt from performance measures as it is payments to safety net hospitals.

PROGRAM DESCRIPTION

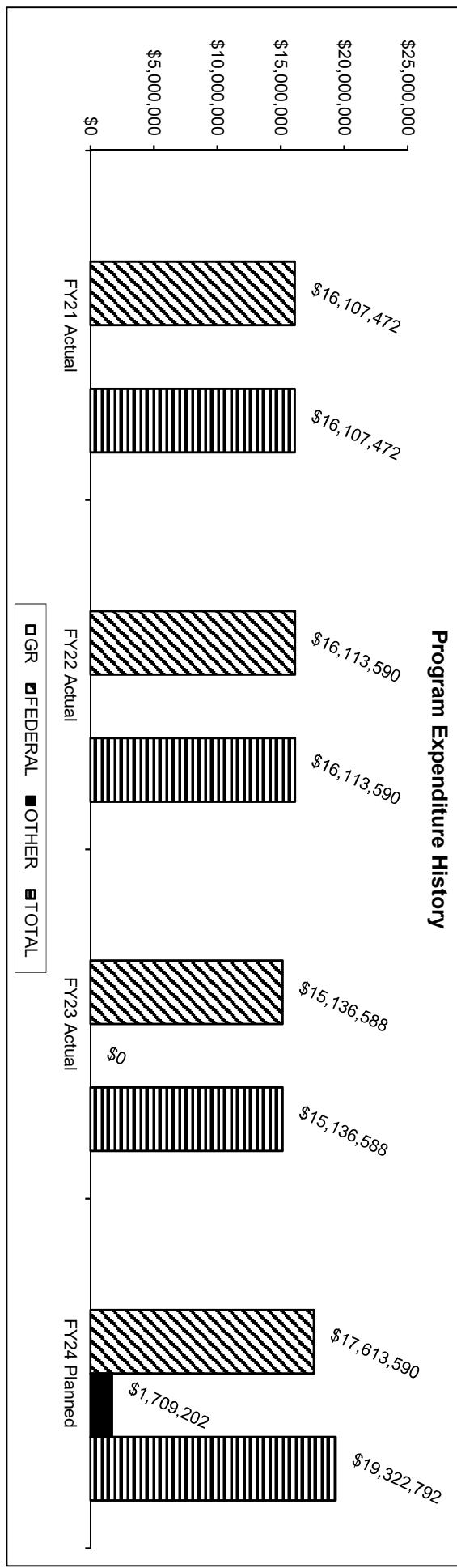
Department: Social Services

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

HB Section(s): 11.780

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f). Federal regulations: 42 CFR 440.10 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Federally Qualified Health Centers (FQHC)

Budget Unit:

90559C

HB Section:

11.785

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	2,757,732	2,500,000	0	5,257,732	PSD	2,757,732	2,500,000	0
TRF	0	0	0	0	TRF	0	0	0
Total	2,757,732	2,500,000	0	5,257,732	Total	2,757,732	2,500,000	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC) Distribution

Community Health Worker

CORE DECISION ITEM

Department: Social Services

Budget Unit 90559C

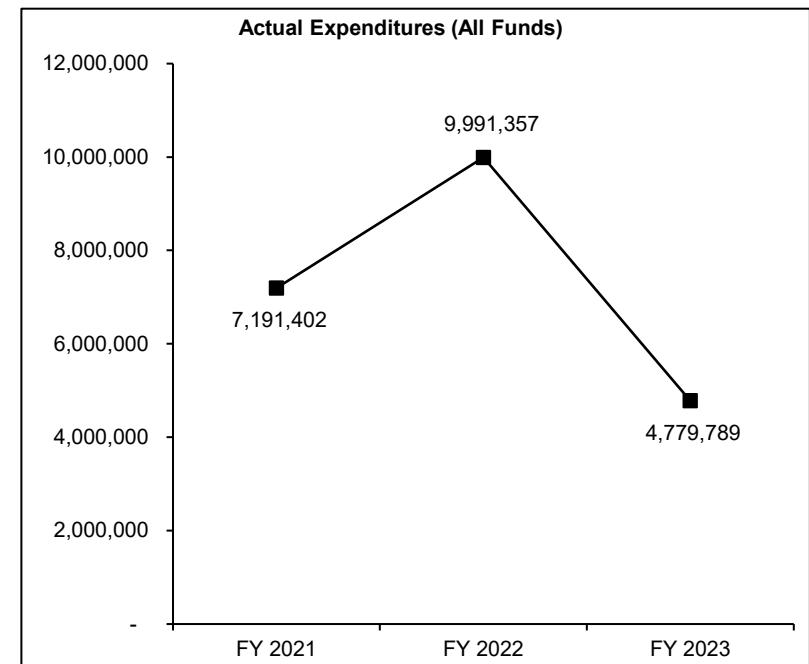
Division: MO HealthNet

HB Section: 11.785

Core: Federally Qualified Health Centers (FQHC)

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	10,000,888	12,000,888	5,257,732	5,257,732
Less Reverted (All Funds)	(127,671)	(156,185)	(82,732)	(82,732)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	9,873,217	11,844,703	5,175,000	5,175,000
Actual Expenditures (All Funds)	7,191,402	9,991,357	4,779,789	N/A
Unexpended (All Funds)	2,681,815	1,853,346	395,211	N/A
Unexpended, by Fund:				
General Revenue	407,306	169,767	160,106	N/A
Federal	2,274,509	1,683,579	235,106	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

- (1) FY22 - New Decision Item funded for FQHC Community Health Worker (\$1,000,000 GR; \$1,000,000 Fed).
- (2) FY23 - New Decision Item funded for FQHC Community Health Worker (\$1,000,000 GR; \$1,000,000 Fed).
- (3) FY24 - Women & Minority Outreach and Technical Assistance Contracts were broken out to their own cores.

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Women & Minority Outreach

Budget Unit: 90513C
 HB Section: 11.785

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	2,029,796	2,029,796	0	4,059,592	EE	2,029,796	2,029,796	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	0	0	TRF	0	0	0
Total	2,029,796	2,029,796	0	4,059,592	Total	2,029,796	2,029,796	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Women & Minority Outreach

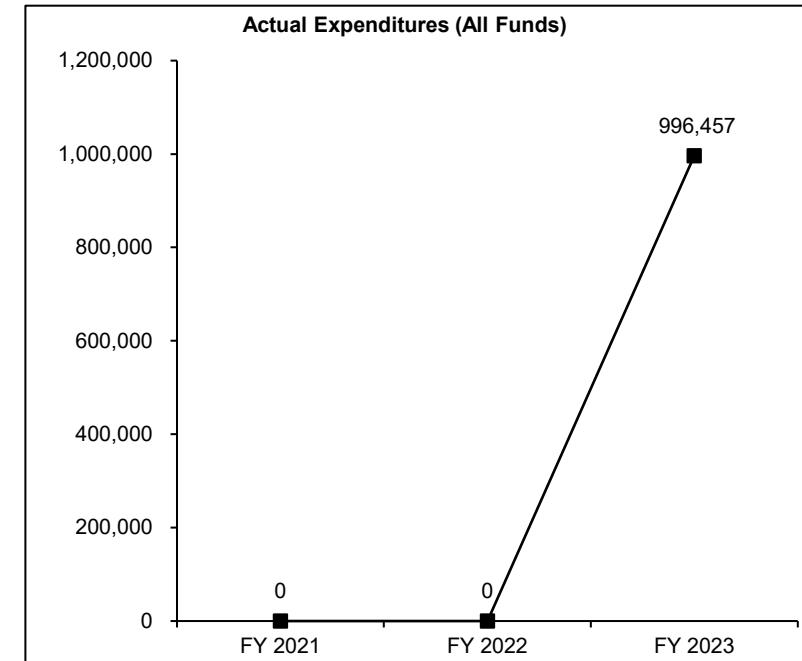
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Women & Minority Outreach

Budget Unit 90513C
HB Section: 11.785

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	1,098,421	4,059,592
Less Reverted (All Funds)	0	0	(15,894)	(60,894)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	1,082,527	3,998,698
Actual Expenditures (All Funds)	0	0	996,457	N/A
Unexpended (All Funds)	0	0	86,070	N/A
				(1)
Unexpended, by Fund:				
General Revenue	0	0	15,674	N/A
Federal	0	0	70,397	N/A
Other	0	0	0	N/A



*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY24 - Formerly part of FQHC Core. New Decision Items funded for FQHC Women & Minority Health (\$1,500,000 GR; \$1,500,000 Fed).

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Substance Abuse Prevention - Jordan Valley

Budget Unit:

90609C

HB Section:

11.787

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	1,000,000	1,000,000	250,000	2,250,000	PSD	1,000,000	1,000,000	250,000
TRF	0	0	0	0	TRF	0	0	0
Total	1,000,000	1,000,000	250,000	2,250,000	Total	1,000,000	1,000,000	250,000
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Opioid Treatment and Recovery Fund (0705) - \$250,000

Other Funds: Opioid Treatment and Recovery Fund (0705) - \$250,000

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Substance Abuse Prevention - Jordan Valley

CORE DECISION ITEM

Department: Social Services

Budget Unit 90609C

Division: MO HealthNet

HB Section: 11.787

Core: Substance Abuse Prevention - Jordan Valley

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	0	2,250,000
Less Reverted (All Funds)	0	0	0	(30,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	2,220,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
				(1)
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

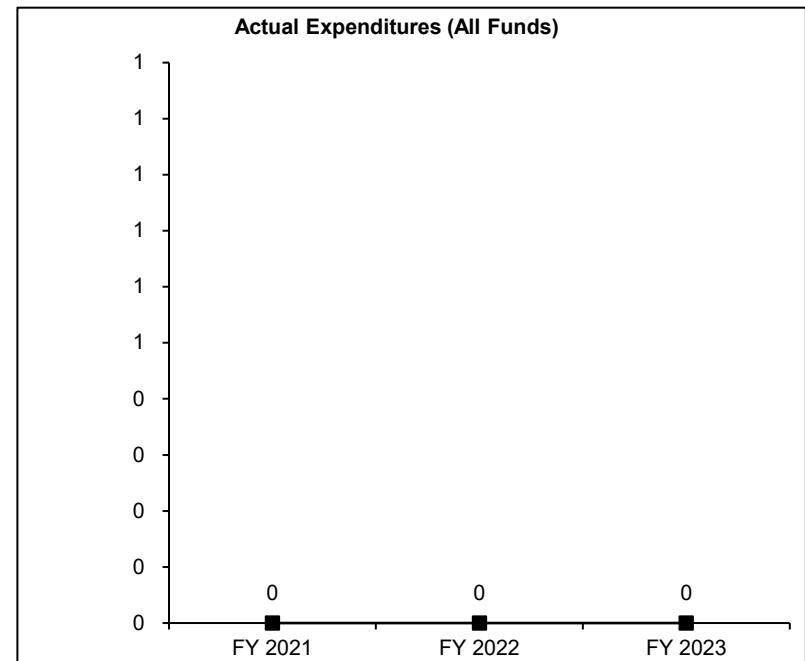
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY24 - Substance Abuse Prevention Jordan Valley was established.



CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Substance Abuse Prevention Network

Budget Unit:

90610C

HB Section:

11.787

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	1,000,000	1,000,000	250,000	2,250,000	PSD	1,000,000	1,000,000	250,000
TRF	0	0	0	0	TRF	0	0	0
Total	1,000,000	1,000,000	250,000	2,250,000	Total	1,000,000	1,000,000	250,000
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Opioid Treatment and Recovery Fund (0705) - \$250,000

Other Funds: Opioid Treatment and Recovery Fund (0705) - \$250,000

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Substance Abuse Prevention Network

CORE DECISION ITEM

Department: Social Services

Budget Unit 90610C

Division: MO HealthNet

HB Section: 11.787

Core: Substance Abuse Prevention Network

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	0	2,250,000
Less Reverted (All Funds)	0	0	0	(30,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	2,220,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
				(1)
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A

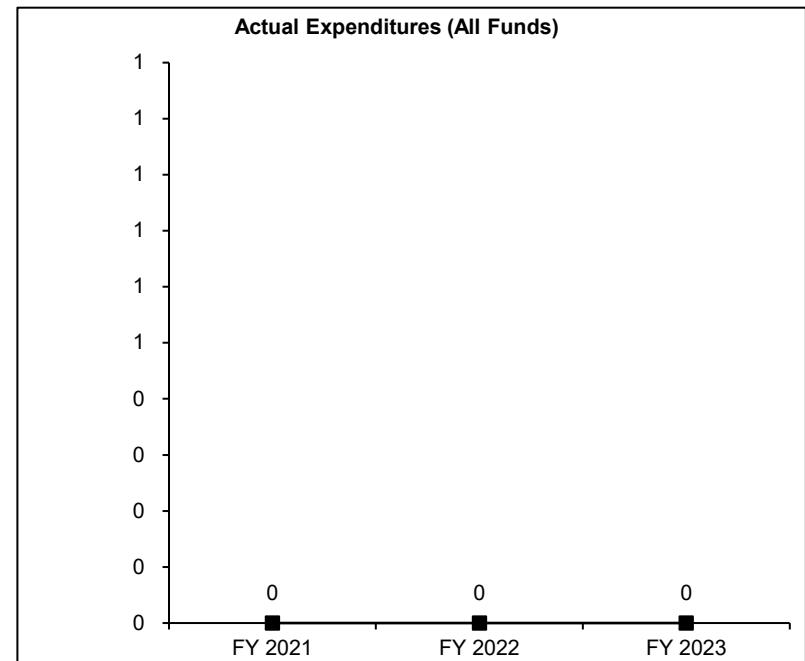
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY24 - Substance Abuse Prevention Network was established.



CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Technical Assistance Contracts

Budget Unit:

90595C

HB Section:

11.790

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	1,918,645	1,918,645	0	3,837,290	PSD	1,918,645	1,918,645	0
TRF	0	0	0	0	TRF	0	0	0
Total	1,918,645	1,918,645	0	3,837,290	Total	1,918,645	1,918,645	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Technical Assistance Contracts

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Technical Assistance Contracts

Budget Unit 90595C
HB Section: 11.790

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	5,644,735	3,837,290
Less Reverted (All Funds)	0	0	(57,559)	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	5,587,176	3,837,290
Actual Expenditures (All Funds)	0	0	3,782,986	N/A
Unexpended (All Funds)	0	0	1,804,190	N/A
				(1)
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	1,804,190	N/A
Other	0	0	0	N/A

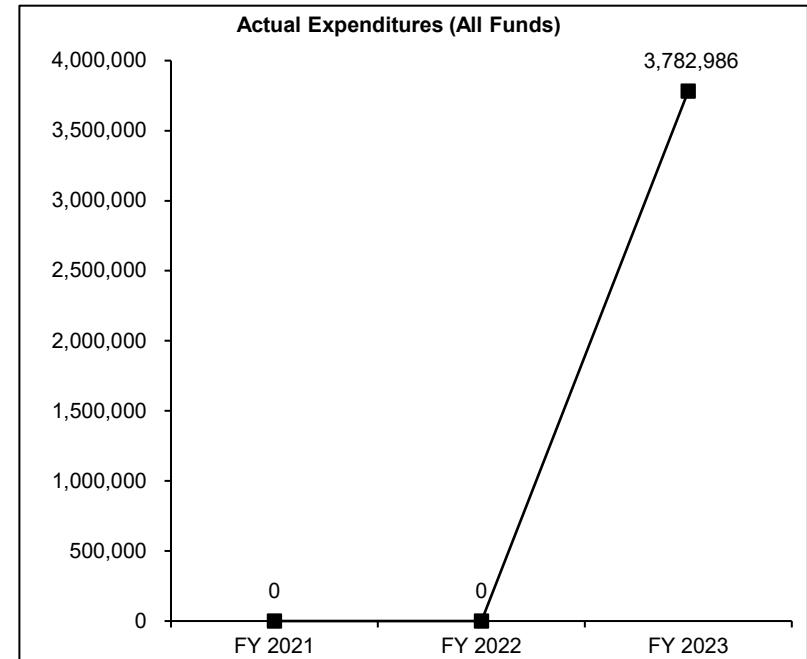
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY24 - Formerly part of FQHC Core.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
FQHC DISTRIBUTION

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	
DEPARTMENT CORE REQUEST							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	2,757,732	2,500,000	0	5,257,732	
	Total	0.00	2,757,732	2,500,000	0	5,257,732	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
WOMEN & MINORITY OUTREACH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	EE	0.00	2,029,796	2,029,796	0	4,059,592	
	Total	0.00	2,029,796	2,029,796	0	4,059,592	
DEPARTMENT CORE REQUEST							
	EE	0.00	2,029,796	2,029,796	0	4,059,592	
	Total	0.00	2,029,796	2,029,796	0	4,059,592	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	2,029,796	2,029,796	0	4,059,592	
	Total	0.00	2,029,796	2,029,796	0	4,059,592	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
SBSTNC ABS PREV-JRDN VALLEY

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SUBSTANCE ABUSE PREV NETWORK**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	1,000,000	1,000,000	250,000	2,250,000	
	Total	0.00	1,000,000	1,000,000	250,000	2,250,000	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES TECHNICAL ASSISTANCE CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	1,918,645	1,918,645	0	3,837,290	
	Total	0.00	1,918,645	1,918,645	0	3,837,290	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,918,645	1,918,645	0	3,837,290	
	Total	0.00	1,918,645	1,918,645	0	3,837,290	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,918,645	1,918,645	0	3,837,290	
	Total	0.00	1,918,645	1,918,645	0	3,837,290	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FQHC DISTRIBUTION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	2,514,894	0.00	2,757,732	0.00	2,757,732	0.00	2,757,732	0.00
TITLE XIX-FEDERAL AND OTHER	2,264,894	0.00	0	0.00	0	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	2,500,000	0.00	2,500,000	0.00	2,500,000	0.00
TOTAL - PD	4,779,788	0.00	5,257,732	0.00	5,257,732	0.00	5,257,732	0.00
TOTAL	4,779,788	0.00	5,257,732	0.00	5,257,732	0.00	5,257,732	0.00
GRAND TOTAL	\$4,779,788	0.00	\$5,257,732	0.00	\$5,257,732	0.00	\$5,257,732	0.00

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
WOMEN & MINORITY OUTREACH								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	498,228	0.00	2,029,796	0.00	2,029,796	0.00	2,029,796	0.00
DEPT OF SOC SERV FEDERAL & OTH	498,228	0.00	2,029,796	0.00	2,029,796	0.00	2,029,796	0.00
TOTAL - EE	996,456	0.00	4,059,592	0.00	4,059,592	0.00	4,059,592	0.00
TOTAL	996,456	0.00	4,059,592	0.00	4,059,592	0.00	4,059,592	0.00
GRAND TOTAL	\$996,456	0.00	\$4,059,592	0.00	\$4,059,592	0.00	\$4,059,592	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
SBSTNC ABS PREV-JRDN VALLEY								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	1,000,000	0.00	1,000,000	0.00	1,000,000	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,000,000	0.00	1,000,000	0.00	1,000,000	0.00
OPIOID TREATMENT AND RECOVERY	0	0.00	250,000	0.00	250,000	0.00	250,000	0.00
TOTAL - EE	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
TOTAL	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
GRAND TOTAL	\$0	0.00	\$2,250,000	0.00	\$2,250,000	0.00	\$2,250,000	0.00

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
SUBSTANCE ABUSE PREV NETWORK								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	1,000,000	0.00	1,000,000	0.00	1,000,000	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,000,000	0.00	1,000,000	0.00	1,000,000	0.00
OPIOID TREATMENT AND RECOVERY	0	0.00	250,000	0.00	250,000	0.00	250,000	0.00
TOTAL - EE	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
TOTAL	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
GRAND TOTAL	\$0	0.00	\$2,250,000	0.00	\$2,250,000	0.00	\$2,250,000	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,861,086	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
TITLE XIX-FEDERAL AND OTHER	1,921,900	0.00	0	0.00	0	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	1,918,645	0.00	1,918,645	0.00	1,918,645	0.00
TOTAL - PD	3,782,986	0.00	3,837,290	0.00	3,837,290	0.00	3,837,290	0.00
TOTAL	3,782,986	0.00	3,837,290	0.00	3,837,290	0.00	3,837,290	0.00
GRAND TOTAL	\$3,782,986	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	4,779,788	0.00	5,257,732	0.00	5,257,732	0.00	5,257,732	0.00
TOTAL - PD	4,779,788	0.00	5,257,732	0.00	5,257,732	0.00	5,257,732	0.00
GRAND TOTAL	\$4,779,788	0.00	\$5,257,732	0.00	\$5,257,732	0.00	\$5,257,732	0.00
GENERAL REVENUE	\$2,514,894	0.00	\$2,757,732	0.00	\$2,757,732	0.00	\$2,757,732	0.00
FEDERAL FUNDS	\$2,264,894	0.00	\$2,500,000	0.00	\$2,500,000	0.00	\$2,500,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	996,456	0.00	4,059,592	0.00	4,059,592	0.00	4,059,592	0.00
TOTAL - EE	996,456	0.00	4,059,592	0.00	4,059,592	0.00	4,059,592	0.00
GRAND TOTAL	\$996,456	0.00	\$4,059,592	0.00	\$4,059,592	0.00	\$4,059,592	0.00
GENERAL REVENUE	\$498,228	0.00	\$2,029,796	0.00	\$2,029,796	0.00	\$2,029,796	0.00
FEDERAL FUNDS	\$498,228	0.00	\$2,029,796	0.00	\$2,029,796	0.00	\$2,029,796	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SBSTNC ABS PREV-JRDN VALLEY								
CORE								
PROFESSIONAL SERVICES	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
TOTAL - EE	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
GRAND TOTAL	\$0	0.00	\$2,250,000	0.00	\$2,250,000	0.00	\$2,250,000	0.00
GENERAL REVENUE	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00	\$1,000,000	0.00
FEDERAL FUNDS	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00	\$1,000,000	0.00
OTHER FUNDS	\$0	0.00	\$250,000	0.00	\$250,000	0.00	\$250,000	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
SUBSTANCE ABUSE PREV NETWORK								
CORE								
PROFESSIONAL SERVICES	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
TOTAL - EE	0	0.00	2,250,000	0.00	2,250,000	0.00	2,250,000	0.00
GRAND TOTAL	\$0	0.00	\$2,250,000	0.00	\$2,250,000	0.00	\$2,250,000	0.00
GENERAL REVENUE	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00	\$1,000,000	0.00
FEDERAL FUNDS	\$0	0.00	\$1,000,000	0.00	\$1,000,000	0.00	\$1,000,000	0.00
OTHER FUNDS	\$0	0.00	\$250,000	0.00	\$250,000	0.00	\$250,000	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM DISTRIBUTIONS	3,782,986	0.00	3,837,290	0.00	3,837,290	0.00	3,837,290	0.00
TOTAL - PD	3,782,986	0.00	3,837,290	0.00	3,837,290	0.00	3,837,290	0.00
GRAND TOTAL	\$3,782,986	0.00	\$3,837,290	0.00	\$3,837,290	0.00	\$3,837,290	0.00
GENERAL REVENUE	\$1,861,086	0.00	\$1,918,645	0.00	\$1,918,645	0.00	\$1,918,645	0.00
FEDERAL FUNDS	\$1,921,900	0.00	\$1,918,645	0.00	\$1,918,645	0.00	\$1,918,645	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.785, 11.787, 11.790

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

1a. What strategic priority does this program address?

Serve a medically underserved area or population

1b. What does this program do?

This core request provides state grants to assist Federally Qualified Health Centers (FQHCs) with infrastructure, equipment and personnel development so the uninsured and underinsured population will have increased access to health care, especially in medically underserved areas. These funds address gaps in preventive services and management of chronic conditions and incentive payments. This program also establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

The Department of Social Services (DSS) contracts with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the FQHC grants, Community Health Worker Initiative, Women and Minority Health Care Outreach Programs; and Patient Outreach and Engagement; assuring accurate and timely payments to the FQHCs; and to act as a central data collection point for evaluating program impact and outcomes. MPCA is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration (HRSA).

• Grant Expansion/Oral Health Initiative

Distributes funds to recruit and retain qualified professionals, by providing a loan forgiveness/loan repayment program to offset tuition costs to encourage the recruitment and retention of healthcare professionals in FQHCs.

• Community Health Worker-Initiative

Distributes funds to address social determinants of health; improve patient engagement in preventative, chronic disease management services; connect patients with community-based services; reduce avoidable emergency room visits; and reduce hospital admission. Additional focus is given to children who have been adopted or in foster care, their families and foster parents, the Division of Youth services and juvenile justice.

• Women and Minority Healthcare Outreach Programs

Distributes funds to establish and implement healthcare outreach programs for women and minorities in the City of St. Louis, the southeast "bootheel" region of the state, and Kansas City.

• Patient Outreach and Engagement Initiative

Distributes funds to address gaps in preventative services and management of chronic conditions, and for incentive payments.

• Substance Use Prevention

Distributes funds to strengthen and expand substance use prevention, treatment, and recovery services by utilizing a community-based approach. This approach would address social determinants of health, provide medication for opioid use disorder and work with housing resources to help ensure individuals have access to safe housing.

PROGRAM DESCRIPTION

Department: Social Services

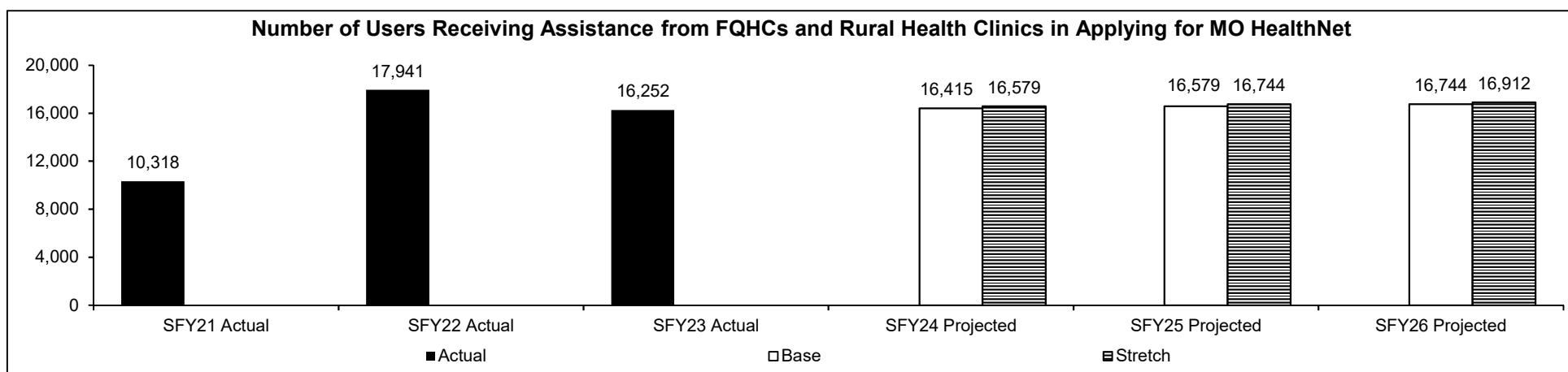
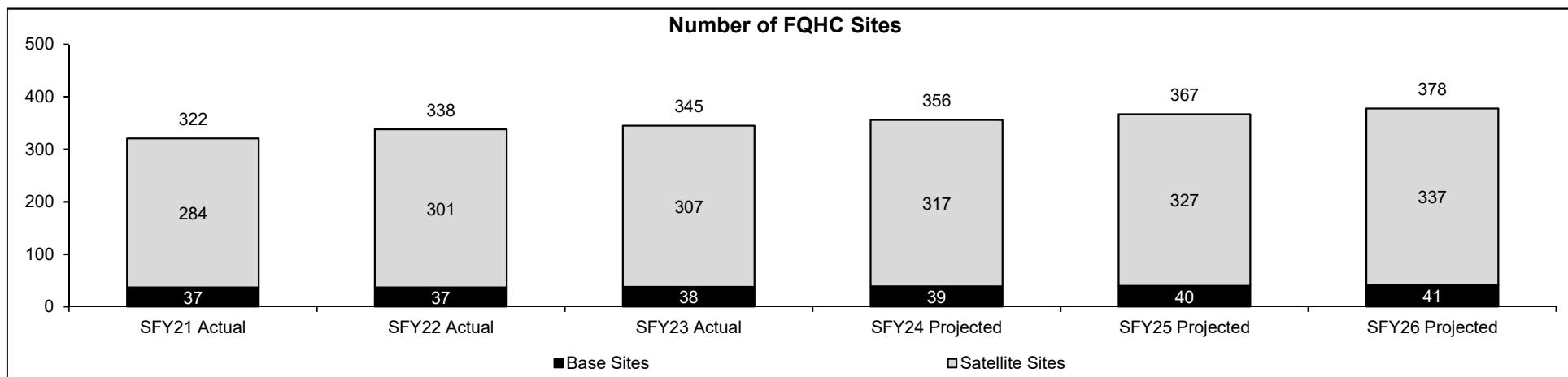
HB Section(s): 11.785, 11.787, 11.790

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2a. Provide an activity measure(s) for the program.

Each FQHC (base site) has several satellite sites. During SFY23, there were 38 base sites and 307 satellite sites, for a total of 345 sites providing services to MO HealthNet participants.



Note: Decrease in SFY21 is due to COVID-19

PROGRAM DESCRIPTION

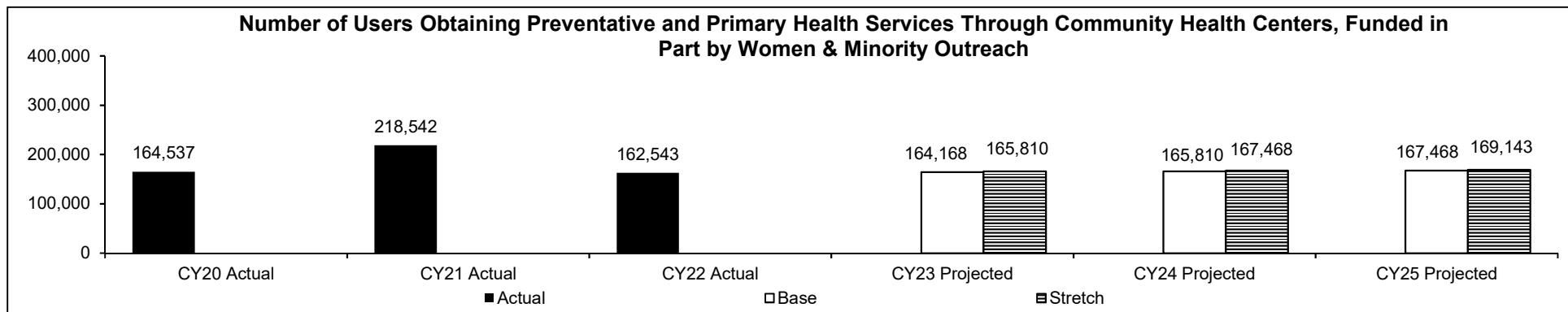
Department: Social Services

HB Section(s): 11.785, 11.787, 11.790

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

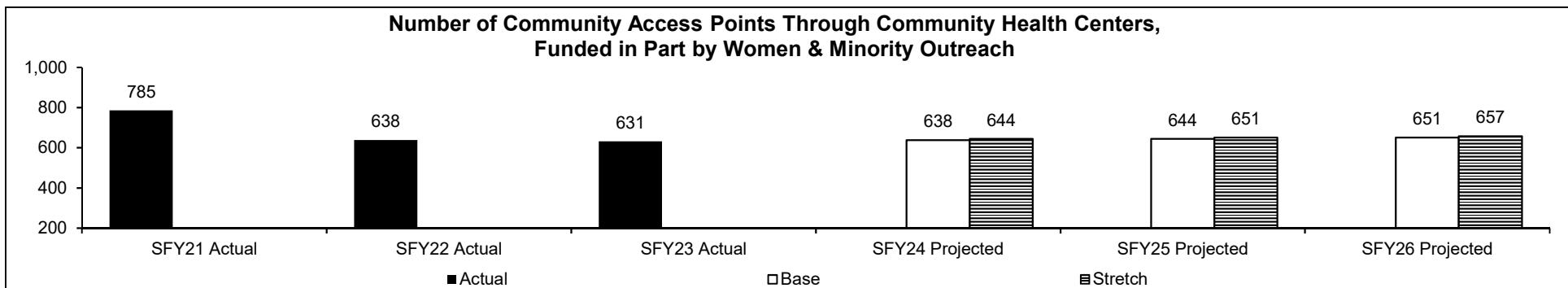
2b. Provide a measure(s) of the program's quality.



Note: There was a decrease in Users Obtaining Preventative and Primary Health Centers in CY22 because outreach strategies had to be tailored in a different manner due to the COVID-19 pandemic.

2c. Provide a measure(s) of the program's impact.

Community Access Points provide individuals with assistance in navigating the MO HealthNet application and enrollment process. Community Access Points may be located in places like: schools; day care centers; head starts; housing agencies; health departments; community events; career fairs; health fairs; senior centers; public housing; shelters; churches; hospitals; libraries; Family Support Division offices; food pantries; and WIC offices.



Note: There was a decrease in Community Access Points in SFY21, SFY 22, and SFY23 because outreach strategies had to be tailored in a different manner due to the COVID-19 pandemic and the cancellation of health related and community events.

PROGRAM DESCRIPTION

Department: Social Services

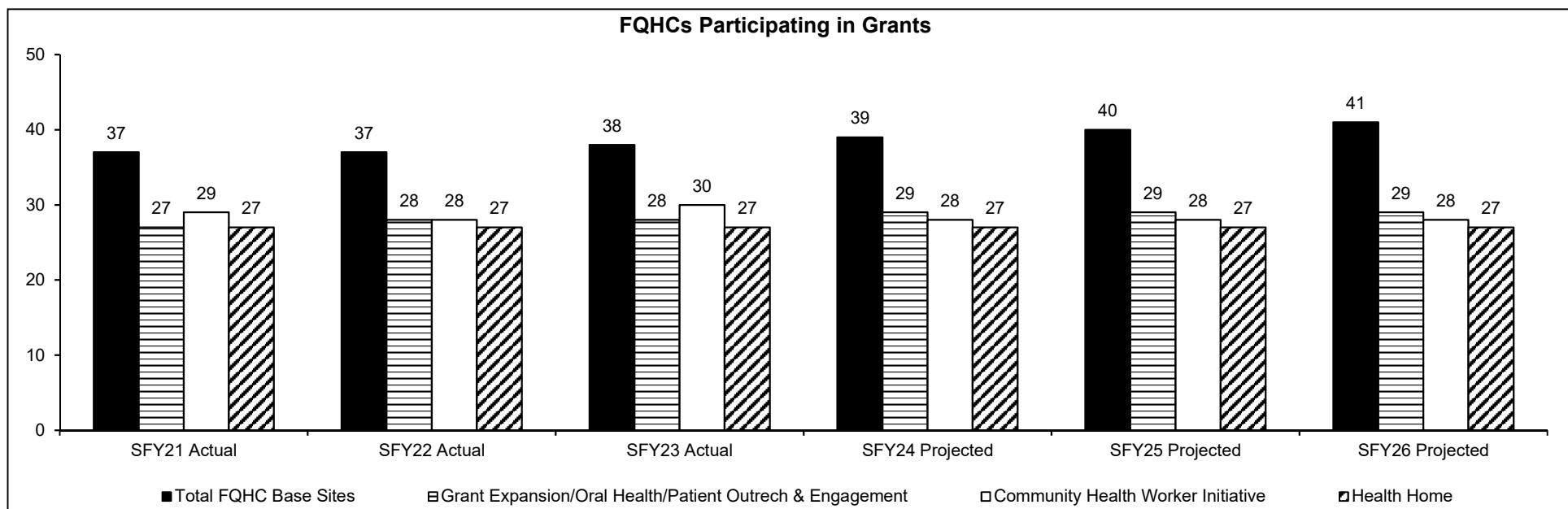
HB Section(s): 11.785, 11.787, 11.790

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2d. Provide a measure(s) of the program's efficiency.

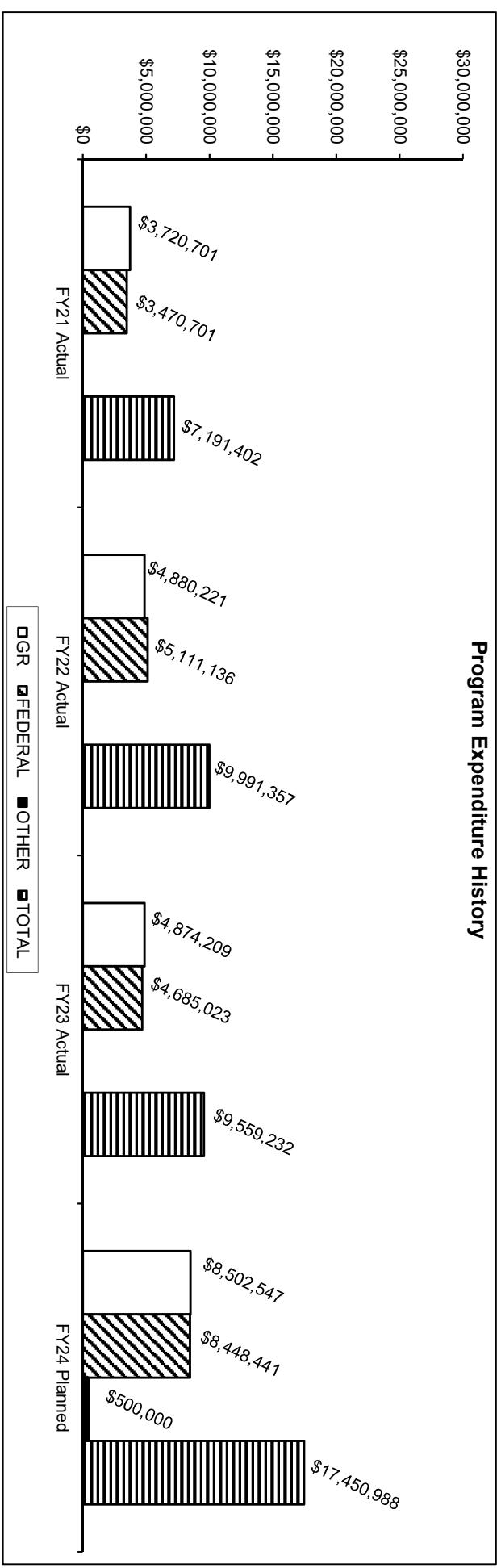
A significant number of FQHCs participate in the various programs. During SFY 2019, over 76% participated in the Grant Expansion/Oral Health Initiative, over 76% participated in the Community Health Worker Initiative, and over 66% participated in the Health Home program.



PROGRAM DESCRIPTION**HB Section(s): 11.785, 11.787, 11.790**

Department: Social Services
Program Name: Federally Qualified Health Centers (FQHC) Distribution
Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY24 expenditures are net of reverted.

- 4. What are the sources of the "Other" funds?**

Opioid Addiction Treatment and Recovery Fund (0705)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Sections 208.152 and 208.201, RSMo. Federal law: Social Security Act Section 1903(a). Federal Regulations: 42 CFR, Part 433.15.

- 6. Are there federal matching requirements? If yes, please explain.**

General Medicaid administrative expenditures earn a 50% federal match.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C
HB Section: 11.795

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,402,085	18,719,376	6,027,694	29,149,155
TRF	0	0	0	0
Total	4,402,085	18,719,376	6,027,694	29,149,155

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$6,027,694

	FY 2025 Governor's Recommendation			
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,028,764	18,719,376	6,027,694	28,775,834
TRF	0	0	0	0
Total	4,028,764	18,719,376	6,027,694	28,775,834

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$6,027,694

2. CORE DESCRIPTION

MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services, and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies.

3. PROGRAM LISTING (list programs included in this core funding)

Health Homes

CORE DECISION ITEM

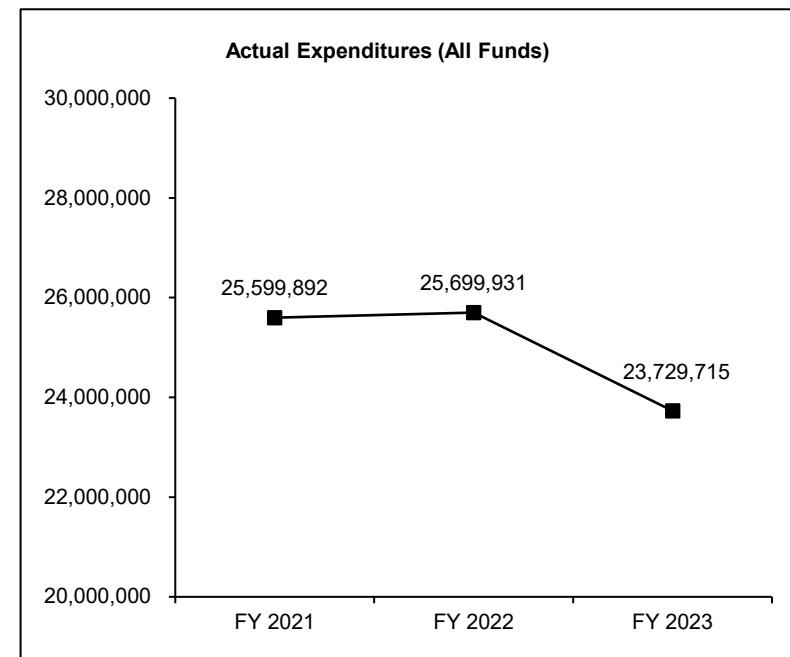
Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C
HB Section: 11.795

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	28,642,368	31,433,999	27,598,168	27,649,155
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	28,642,368	31,433,999	27,598,168	27,649,155
Actual Expenditures (All Funds)	25,599,892	25,699,931	23,729,715	N/A
Unexpended (All Funds)	3,042,476	5,734,068	3,868,453	N/A
Unexpended, by Fund:				
General Revenue	52,941	98,842	439,220	N/A
Federal	461,281	3,487,544	1,209,029	N/A
Other	2,528,254	2,147,682	2,220,204	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision items funded for FMAP Adjustment (\$65,037 GR), Cost to Continue (\$492,528 GR; \$1,255,998 Fed; \$3,524,687 Other).
- (2) FY22 - New Decision Items funded for FMAP Adjustment (\$1,772,685 Fed), Cost to Continue (\$308,265 GR; \$2,463,101 Fed), Health Home Expansion (\$332,045 GR; \$1,067,382 Fed; \$217,573 Other). Supplemental funded for \$782,530.
- (3) FY23 - New Decision Items funded for FMAP Adjustment (\$812,448 Fed), MHD CTC (\$782,530), CHIP Authority CTC (\$287,787 Fed). \$287,787 used as flex to cover program expenditures.
- (4) FY 24 - New Decision Items funded for FMAP Adjustment (\$1,237,813 Fed), MHD CTC (\$635,895 GR; \$409,688 Fed). Supplemental awarded for \$994,596.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HEALTH HOMES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	3,652,085	17,969,376	6,027,694	27,649,155	
	Total	0.00	3,652,085	17,969,376	6,027,694	27,649,155	
DEPARTMENT CORE ADJUSTMENTS							
Core Reallocation	407 8260	PD	0.00	0	750,000	0	750,000 Reallocation from Pediatric Pilot Program HB 11.775.
Core Reallocation	407 5019	PD	0.00	750,000	0	0	750,000 Reallocation from Pediatric Pilot Program HB 11.775.
NET DEPARTMENT CHANGES		0.00	750,000	750,000	0	1,500,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	4,402,085	18,719,376	6,027,694	29,149,155	
	Total	0.00	4,402,085	18,719,376	6,027,694	29,149,155	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2486 5019	PD	0.00	(373,321)	0	0	(373,321) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00	(373,321)	0	0	(373,321)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	4,028,764	18,719,376	6,027,694	28,775,834	
	Total	0.00	4,028,764	18,719,376	6,027,694	28,775,834	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HEALTH HOMES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	4,291,647	0.00	3,652,085	0.00	4,402,085	0.00	4,028,764	0.00
TITLE XIX-FEDERAL AND OTHER	15,630,578	0.00	17,969,376	0.00	18,719,376	0.00	18,719,376	0.00
FEDERAL REIMBURSMENT ALLOWANCE	3,807,490	0.00	6,027,694	0.00	6,027,694	0.00	6,027,694	0.00
TOTAL - PD	23,729,715	0.00	27,649,155	0.00	29,149,155	0.00	28,775,834	0.00
TOTAL	23,729,715	0.00	27,649,155	0.00	29,149,155	0.00	28,775,834	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	373,321	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	373,321	0.00
TOTAL	0	0.00	0	0.00	0	0.00	373,321	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,746,678	0.00	1,289,508	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,405,785	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,152,463	0.00	1,289,508	0.00
TOTAL	0	0.00	0	0.00	3,152,463	0.00	1,289,508	0.00
GRAND TOTAL	\$23,729,715	0.00	\$27,649,155	0.00	\$32,301,618	0.00	\$30,438,663	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90574C BUDGET UNIT NAME: Health Home HOUSE BILL SECTION: 11.795	DEPARTMENT: Social Services DIVISION: MO HealthNet
--	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$287,787	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
HEALTH HOMES								
CORE								
PROGRAM DISTRIBUTIONS	23,729,715	0.00	27,649,155	0.00	29,149,155	0.00	28,775,834	0.00
TOTAL - PD	23,729,715	0.00	27,649,155	0.00	29,149,155	0.00	28,775,834	0.00
GRAND TOTAL	\$23,729,715	0.00	\$27,649,155	0.00	\$29,149,155	0.00	\$28,775,834	0.00
GENERAL REVENUE	\$4,291,647	0.00	\$3,652,085	0.00	\$4,402,085	0.00	\$4,028,764	0.00
FEDERAL FUNDS	\$15,630,578	0.00	\$17,969,376	0.00	\$18,719,376	0.00	\$18,719,376	0.00
OTHER FUNDS	\$3,807,490	0.00	\$6,027,694	0.00	\$6,027,694	0.00	\$6,027,694	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.795

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

1a. What strategic priority does this program address?

Intensive care coordination/care management to improve health outcomes and reduce costs of unnecessary hospitalizations/emergency room visits.

1b. What does this program do?

Provides team-based care that improves health outcomes & reduces costs of unnecessary hospitalizations/emergency room visits. Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a health home for individuals with chronic conditions. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet's Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare & Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	Effective with Service Month
\$64.68	7/1/19
\$63.72	1/1/17
\$63.72	1/1/16
\$62.47	1/1/15

Additional Details

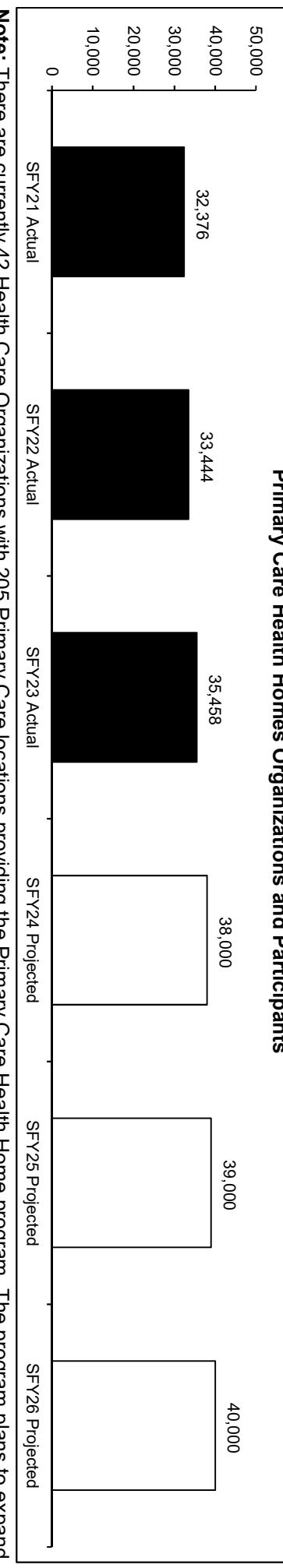
State Fiscal Year 2024 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

PROGRAM DESCRIPTION

HB Section(s): 11.795

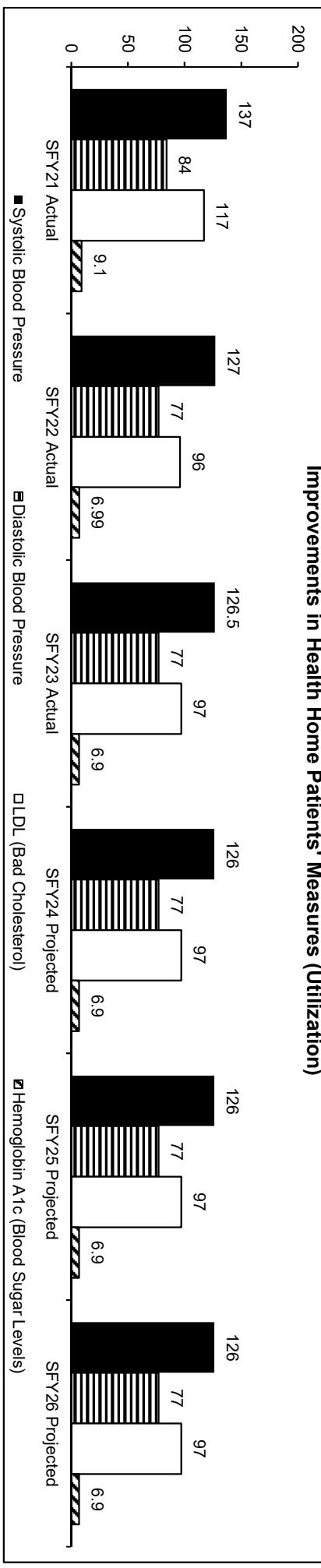
Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

2a. Provide an activity measure for the program.



Note: There are currently 42 Health Care Organizations with 205 Primary Care locations providing the Primary Care Health Home program. The program plans to expand to new rural locations increasing access to integrated Primary Care and Behavioral Health Teams at 5 to 10 new clinics annually as well as adding patients to existing clinics.

2b. Provide a measure of the program's quality.



Note 1: Compared to initial readings, participants measures have significantly improved. First reading blood pressure was 155/97 and decreased to 126/77.

Note 2: There were significant drops in LDL cholesterol from 142 to 97. Blood sugar readings improved from an A1c of 9.7 to 6.9.

Note 3: Improving Systolic/Diastolic blood pressure reduces risk of stroke.

PROGRAM DESCRIPTION

Department: Social Services

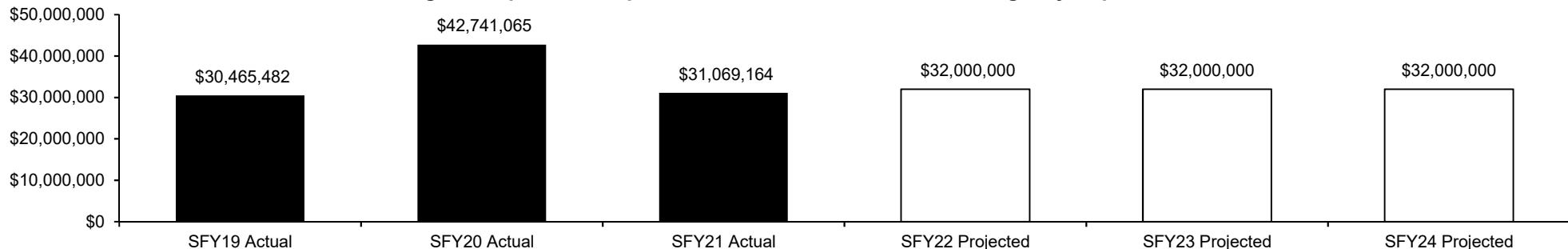
HB Section(s): 11.795

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

2c. Provide a measure of the program's impact.

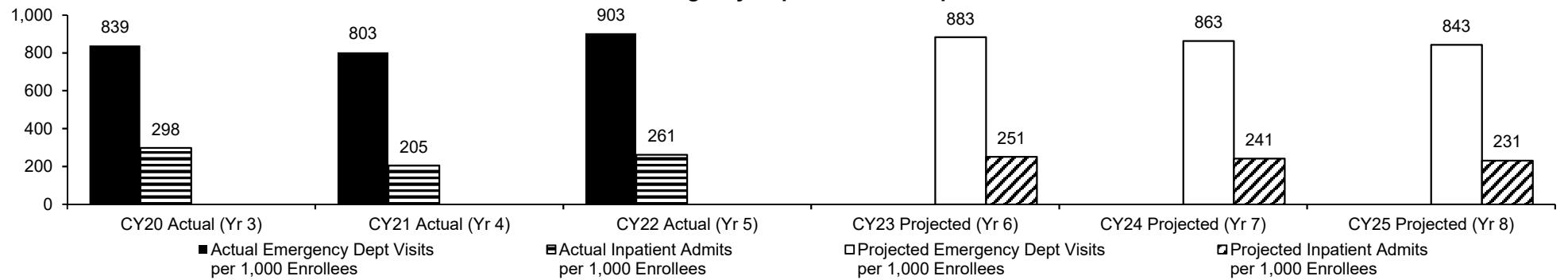
Gross Annual Savings for Inpatient, Outpatient, Professional Medical, & Emergency Department Services



Note: Savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year. As Primary Care is established and preventative care is implemented, significant savings are seen with a reduction in inpatient stays and outpatient procedures. An increase in savings occurred during SFY20 due to the Public Health Emergency (PHE), as individuals sheltered at home and postponed procedures and office visits.

2d. Provide a measure of the program's efficiency.

Health Home Patient Emergency Department and Inpatient Utilization



Note 1: In CY21, the program added new health homes. ER utilization increased slightly in CY22 with brand new enrollees & then stabilized with program interventions.

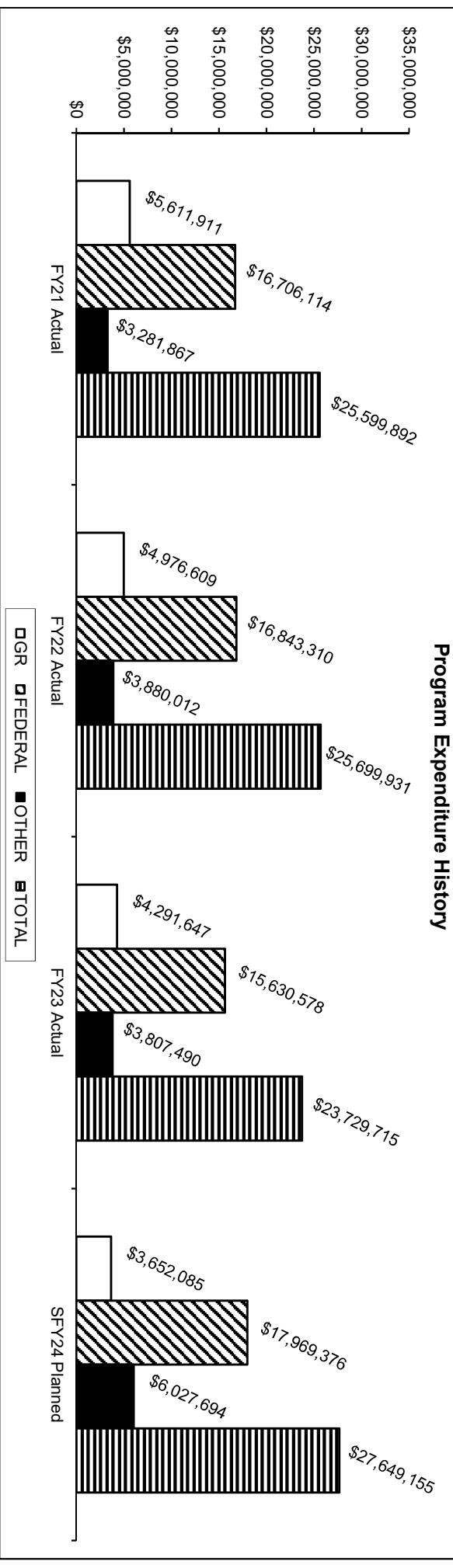
Note 2: Overall, ER visits are still decreasing for the health home population from the base of 1,223 ER visits in CY17.

PROGRAM DESCRIPTION

HB Section(s): 11.795

Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

- 3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.) Updated at Gov. Rec.**



FY2024 planned expenditures are net of reserves.

- 4. What are the sources of the "Other" funds?**

Federal Reimbursement Allowance (0142)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

HB Section: 11.800

Core: Federal Reimbursement Allowance (FRA)

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	103,540,136	1,836,963,432	1,940,503,568
TRF	0	0	0	0
Total	0	103,540,136	1,836,963,432	1,940,503,568

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	103,540,136	530,252,384	633,792,520
TRF	0	0	0	0
Total	0	103,540,136	530,252,384	633,792,520

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$1,836,963,432

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$530,252,384

2. CORE DESCRIPTION

The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90553C

Division: MO HealthNet

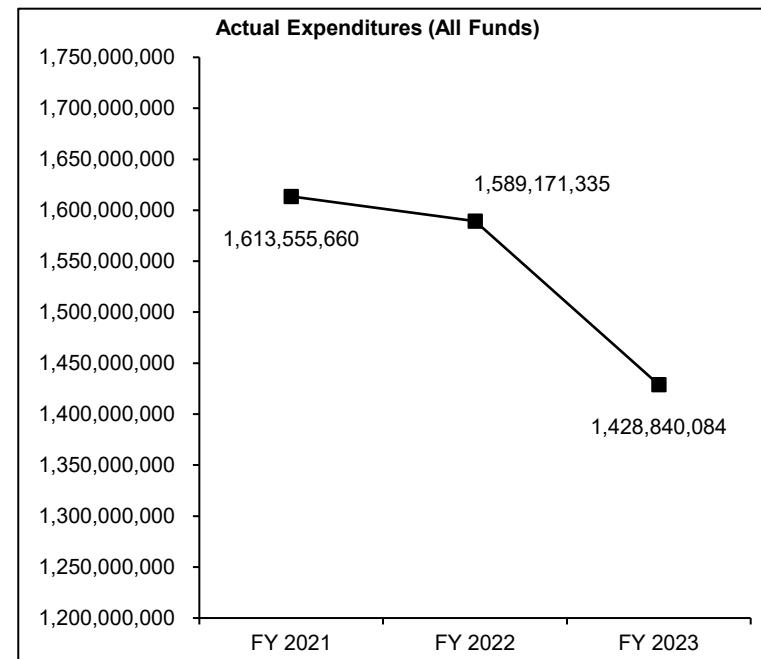
HB Section: 11.800

Core: Federal Reimbursement Allowance (FRA)

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	1,728,243,278	1,882,132,024	1,940,503,568	1,940,503,568
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	<u>1,728,243,278</u>	<u>1,882,132,024</u>	<u>1,940,503,568</u>	<u>1,940,503,568</u>
Actual Expenditures (All Funds)	1,613,555,660	1,589,171,335	1,428,840,084	N/A
Unexpended (All Funds)	<u>114,687,618</u>	<u>292,960,689</u>	<u>511,663,484</u>	<u>N/A</u>
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	78,430,498	78,014,546	N/A
Other	114,687,618	214,530,191	433,648,938	N/A
	(1)	(2)	(3)	

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision Item funded for FRA Increase (\$460,789,964).

(2) FY22 - Governor's recommendation included a decrease of \$16,048,306. Supplemental funded for \$66,396,916

(3) FY23 - New Decision Items funded for MHD CTC (\$124,768,460 OTH), CHIP Authority CTC (\$103,540,136 Fed).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMB ALLOWANCE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
	Total	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
	Total	0.00	0	103,540,136	1,836,963,432	1,940,503,568	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction 2504 9197	PD	0.00	0	0	(103,000,000)	(103,000,000)	FRA core reduction of excess authority.
Core Reduction 2504 1605	PD	0.00	0	0	,203,711,048)	,203,711,048)	FRA core reduction with corresponding NDI pickup of federal authority and reduction of excess authority.
NET GOVERNOR CHANGES		0.00	0	0	,306,711,048)	,306,711,048)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	103,540,136	530,252,384	633,792,520	
	Total	0.00	0	103,540,136	530,252,384	633,792,520	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FED REIMB ALLOWANCE								
CORE								
PROGRAM-SPECIFIC								
CHILDRENS HEALTH INSURANCE	25,525,590	0.00	103,540,136	0.00	103,540,136	0.00	103,540,136	0.00
FEDERAL REIMBURSMENT ALLOWANCE	1,403,314,494	0.00	1,836,963,432	0.00	1,836,963,432	0.00	530,252,384	0.00
TOTAL - PD	1,428,840,084	0.00	1,940,503,568	0.00	1,940,503,568	0.00	633,792,520	0.00
TOTAL	1,428,840,084	0.00	1,940,503,568	0.00	1,940,503,568	0.00	633,792,520	0.00
OPFS Trend - 1886019								
PROGRAM-SPECIFIC								
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	0	0.00	6,645,049	0.00	6,645,049	0.00
TOTAL - PD	0	0.00	0	0.00	6,645,049	0.00	6,645,049	0.00
TOTAL	0	0.00	0	0.00	6,645,049	0.00	6,645,049	0.00
FRA Provider Tax Restructure - 1886062								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	1,006,711,048	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	1,006,711,048	0.00
TOTAL	0	0.00	0	0.00	0	0.00	1,006,711,048	0.00
GRAND TOTAL	\$1,428,840,084	0.00	\$1,940,503,568	0.00	\$1,947,148,617	0.00	\$1,647,148,617	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FED REIMB ALLOWANCE								
CORE								
PROGRAM DISTRIBUTIONS	1,428,840,084	0.00	1,940,503,568	0.00	1,940,503,568	0.00	633,792,520	0.00
TOTAL - PD	1,428,840,084	0.00	1,940,503,568	0.00	1,940,503,568	0.00	633,792,520	0.00
GRAND TOTAL	\$1,428,840,084	0.00	\$1,940,503,568	0.00	\$1,940,503,568	0.00	\$633,792,520	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$25,525,590	0.00	\$103,540,136	0.00	\$103,540,136	0.00	\$103,540,136	0.00
OTHER FUNDS	\$1,403,314,494	0.00	\$1,836,963,432	0.00	\$1,836,963,432	0.00	\$530,252,384	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.800

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1a. What strategic priority does this program address?

Quality hospital care and appropriate reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a general revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2023 is 4.8% which did change from the SFY 2023 assessment rate of 5.4%. The net inpatient and net outpatient revenues are determined from the hospital's third prior year cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of general revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

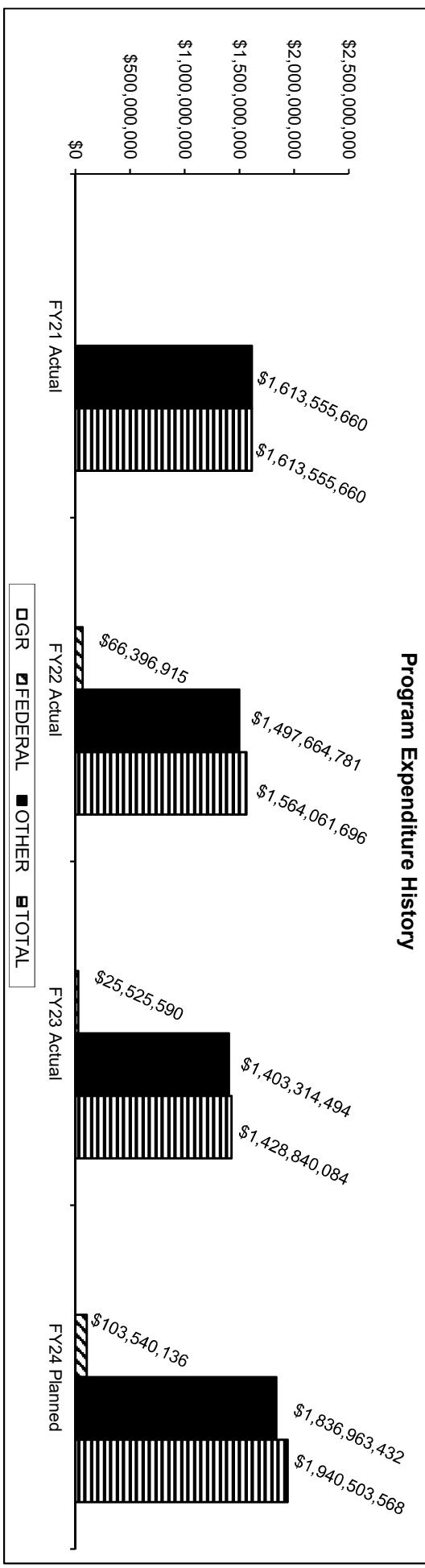
- *Higher Inpatient Per Diems* - Approximately 80.5% of inpatient costs are made through FRA funding. Effective for dates of services beginning July 1, 2022, hospitals were rebased to a third prior year cost report (SFY 2023 used a 2020 cost report).
- *Increased Outpatient Payment* - Approximately 38.67% of outpatient costs are made through FRA funding. An Outpatient Simplified Fee Schedule methodology was implemented on July 20, 2021.
- *Outpatient Direct Medicaid Payments* - The hospital receives additional payments to cover the allowable outpatient Medicaid cost of the FRA assessment for MO HealthNet participants.
- *Acuity Adjustment Payment* - Payments made to hospitals that see Medicaid participants with a higher level of acuity.
- *Poison Control Payment* - Payments made to the hospital that oversees Missouri's Poison Control call center.
- *Stop Loss Payment* - Payments made to hospitals to alleviate the financial burden than would have been caused as a result of MHD rebasing the inpatient per diem.
- *Disproportionate Share Hospital (DSH) Payments* - Payments for the cost of providing services to the uninsured and for Medicaid uncompensated care costs.
- *Upper Payment Limit* – A payment made to state owned or operated hospitals to recognize costs up to what Medicare payment principles allow.
- *Graduate Medical Education (GME)* - A quarterly payment to teaching hospitals for the Medicaid share of their GME cost.

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION**Department:** Social Services**Program Name:** Federal Reimbursement Allowance (FRA)**Program is found in the following core budget(s):** Federal Reimbursement Allowance (FRA)**HB Section(s):** 11.800

- 3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



In FY22, AEG expenditures are included in total payments.

- 4. What are the sources of the "Other" funds?**

Federal Reimbursement Allowance Fund (0142)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Section 208.453, RSMo. Federal law: Social Security Act Section 1903(w). Federal Regulation: 42 CFR 433 Subpart B.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C
HB Section: 11.805

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for Safety Net Hospitals

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C
HB Section: 11.805

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	38,140,846	38,140,846	38,140,846	38,140,846
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	38,140,846	38,140,846	38,140,846	38,140,846
Actual Expenditures (All Funds)	34,763,671	23,336,719	0	N/A
Unexpended (All Funds)	3,377,175	14,804,127	38,140,846	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	225,729	8,520,375	12,964,074	N/A
Other	3,151,446	6,283,752	25,176,772	N/A
			(1)	

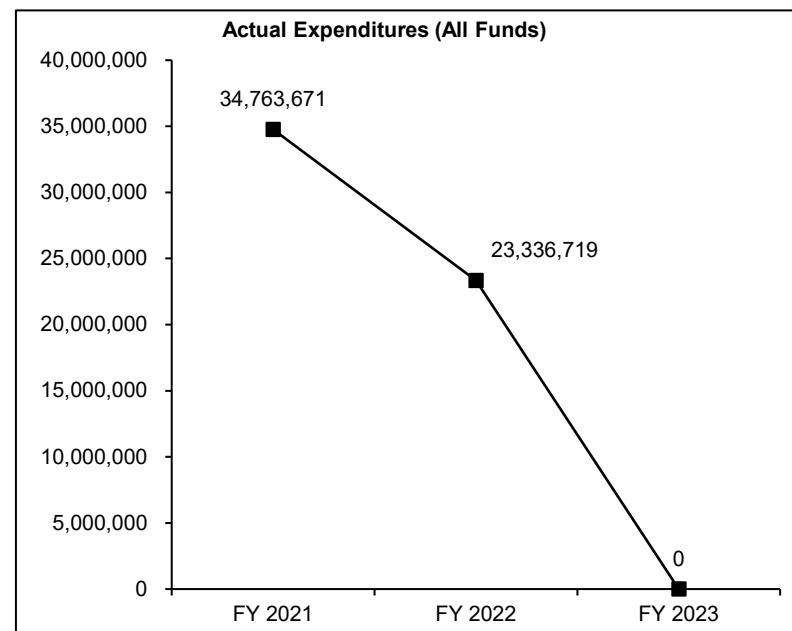
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - Core reduced \$38,140,846



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	25,176,772	12,964,074	38,140,846	
	Total	0.00	0	25,176,772	12,964,074	38,140,846	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	405 5183	PD	0.00	0 (25,176,772)	0 (25,176,772)	0 (25,176,772)	Core reduction of excess authority.
Core Reduction	405 5182	PD	0.00	0 0 (12,964,074)	0 (12,964,074)	0 (12,964,074)	Core reduction of excess authority.
NET DEPARTMENT CHANGES			0.00	0 (25,176,772)	(12,964,074)	(38,140,846)	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	0	0	
	Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	25,176,772	0.00	0	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	12,964,074	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	38,140,846	0.00	0	0.00	0	0.00
TOTAL	0	0.00	38,140,846	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$38,140,846	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	38,140,846	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	38,140,846	0.00	0	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$38,140,846	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$25,176,772	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$12,964,074	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

1a. What strategic priority does this program address?

Maintain quality hospital care

1b. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) established in 2010 allows state and local governmental units (including public providers) to transfer funds to the state as the non-federal share of Medicaid payments. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

The following state owned/operated hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- Center for Behavioral Medicine;
- Hawthorn Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center; and
- St. Louis Forensic Treatment Center.

The following public hospitals are eligible for payment from this appropriation:

- University Health Truman Medical Center; and
- University Health Lakewood Medical Center

Reimbursement Methodology

Under the IGT process, hospitals transfer the non-federal share of payments to the state prior to payments being made. The state pays out the total claimable amount including both the federal and non-federal share. The state demonstrates that the non-federal share of the payments is transferred to, and under the administrative control, of the MO HealthNet Division before the total computable payment is made to the hospitals.

PROGRAM DESCRIPTION

Department: Social Services

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

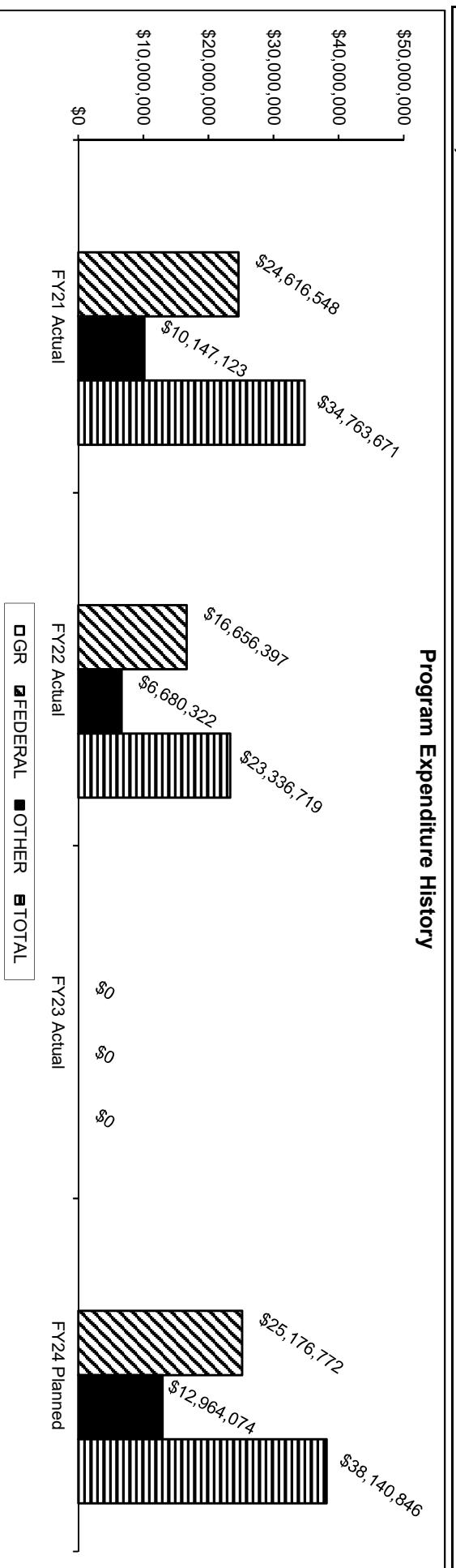
Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(11):

- Meet obstetrician requirements; and
- Have a Medicaid Inpatient Utilization Rate (MIUR) at least one standard deviation above the state's mean MIUR or a Low-Income Utilization Rate (LIUR) greater than 25%; and
- Have an unsponsored care ratio of at least 65% and licensed for less than 50 inpatient beds; or
- Have an unsponsored care ratio of at least 65% and licensed for 50 inpatient beds or more, and have an occupancy rate greater than 40%; or
- Be a public non-state governmental acute care hospital with a LIUR of at least 40% and a MIUR greater than one standard deviation from the mean, and is licensed for 50 inpatient beds or more and has an occupancy rate of at least 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health.

This program is exempt from performance measures as it is an IGT transfer.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.805

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

4. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.810

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	67,401,378	261,833,057	7,719,204	336,953,639
TRF	0	0	0	0
Total	67,401,378	261,833,057	7,719,204	336,953,639

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	67,401,378	255,587,759	7,719,204	330,708,341
TRF	0	0	0	0
Total	67,401,378	255,587,759	7,719,204	330,708,341

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

2. CORE DESCRIPTION

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population.

3. PROGRAM LISTING (list programs included in this core funding)

Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90556C

Division: MO HealthNet

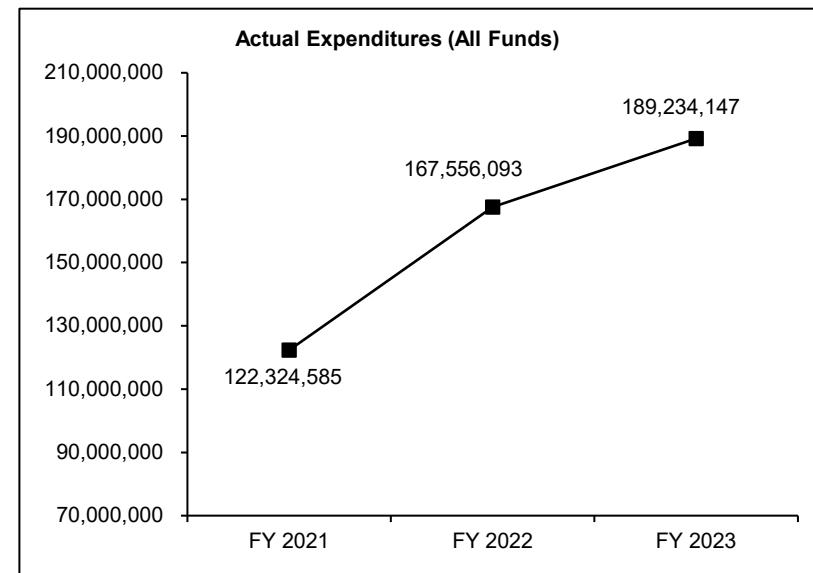
HB Section: 11.810

Core: Children's Health Insurance Program (CHIP)

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	128,617,123	168,351,510	190,624,009	336,953,639
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	128,617,123	168,351,510	190,624,009	336,953,639
Actual Expenditures (All Funds)	122,324,585	167,556,093	189,234,147	N/A
Unexpended (All Funds)	6,292,538	795,417	1,389,862	N/A
Unexpended, by Fund:				
General Revenue	1,586,246	211,336	1,388,861	N/A
Federal	4,706,292	584,081	1,001	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY21 - New Decision items funded for FMAP Adjustment (\$444,349 GR), Cost to Continue (\$3,568,228 GR; \$10,500,241 Fed), MC Actuarial (\$1,358,380 GR; \$4,207,155 Fed), MC Health Insurer Fee (\$358,757 GR; \$1,111,136 Fed). Supplemental budget includes funding for \$15,801,642.
- (2) FY22 - New Decision Items funded for FMAP Adjustment (\$782,910 Fed), Cost to Continue (\$3,101,837 GR; \$10,110,577 Fed). Supplemental funded for \$43,622,845. \$300,000 GR and \$6,200,000 Fed was flexed in. \$5,000,000 was used as flex to cover program expenditures.
- (3) FY23 - New Decision Items funded for FMAP Adjustment (\$49,291 GR), MHD CTC (\$7,7,64,062 GR), Managed Care Actuarial Increase (\$1,308,161 GR; \$4,180,244 Fed).
- (4) FY24 - New Decision Items funded for FMAP Adjustment (\$794,329 GR), MHC CTC (\$6,938,538 GR; \$41,316,904 Fed), Managed Care Actuarial Increase (\$784,691 GR; \$2,513,022 Fed), Pharmacy Specialty PMPM (\$184,892 GR; \$592,128 Fed), Pharmacy Non-Specialty PMPM (\$52,450 GR; \$167,975 Fed). Supplemental awarded for \$6,255,496.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	67,401,378	261,833,057	7,719,204	336,953,639	
	Total	0.00	67,401,378	261,833,057	7,719,204	336,953,639	
DEPARTMENT CORE REQUEST							
	PD	0.00	67,401,378	261,833,057	7,719,204	336,953,639	
	Total	0.00	67,401,378	261,833,057	7,719,204	336,953,639	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2487 7562	PD	0.00	0	(6,245,298)	0	(6,245,298) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00		0	(6,245,298)	0	(6,245,298)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	67,401,378	255,587,759	7,719,204	330,708,341	
	Total	0.00	67,401,378	255,587,759	7,719,204	330,708,341	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
CHILDREN'S HEALTH INS PROGRAM								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	37,241,206	0.00	67,401,378	0.00	67,401,378	0.00	67,401,378	0.00
CHILDRENS HEALTH INSURANCE	144,273,737	0.00	261,833,057	0.00	261,833,057	0.00	255,587,759	0.00
FEDERAL REIMBURSMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00
TOTAL - PD	189,234,147	0.00	336,953,639	0.00	336,953,639	0.00	330,708,341	0.00
TOTAL	189,234,147	0.00	336,953,639	0.00	336,953,639	0.00	330,708,341	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	6,245,298	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	6,245,298	0.00
TOTAL	0	0.00	0	0.00	0	0.00	6,245,298	0.00
MC Actuarial - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,751,946	0.00	1,781,231	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	5,624,669	0.00	5,595,384	0.00
TOTAL - PD	0	0.00	0	0.00	7,376,615	0.00	7,376,615	0.00
TOTAL	0	0.00	0	0.00	7,376,615	0.00	7,376,615	0.00
Pharmacy Specialty PMPM - 1886013								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	158,304	0.00	160,646	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	506,979	0.00	504,637	0.00
TOTAL - PD	0	0.00	0	0.00	665,283	0.00	665,283	0.00
TOTAL	0	0.00	0	0.00	665,283	0.00	665,283	0.00
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	50,983	0.00	51,738	0.00

1/24/24 15:11

im_disummary

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
CHILDREN'S HEALTH INS PROGRAM								
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	163,278	0.00	162,523	0.00
TOTAL - PD	0	0.00	0	0.00	214,261	0.00	214,261	0.00
TOTAL	0	0.00	0	0.00	214,261	0.00	214,261	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	16,205,036	0.00	14,193,426	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	31,370,243	0.00	18,730,511	0.00
TOTAL - PD	0	0.00	0	0.00	47,575,279	0.00	32,923,937	0.00
TOTAL	0	0.00	0	0.00	47,575,279	0.00	32,923,937	0.00
GRAND TOTAL	\$189,234,147	0.00	\$336,953,639	0.00	\$392,785,077	0.00	\$378,133,735	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: Children's Health Insurance Program (CHIP) HOUSE BILL SECTION: 11.810	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
CHILDREN'S HEALTH INS PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	189,234,147	0.00	336,953,639	0.00	336,953,639	0.00	330,708,341	0.00
TOTAL - PD	189,234,147	0.00	336,953,639	0.00	336,953,639	0.00	330,708,341	0.00
GRAND TOTAL	\$189,234,147	0.00	\$336,953,639	0.00	\$336,953,639	0.00	\$330,708,341	0.00
GENERAL REVENUE	\$37,241,206	0.00	\$67,401,378	0.00	\$67,401,378	0.00	\$67,401,378	0.00
FEDERAL FUNDS	\$144,273,737	0.00	\$261,833,057	0.00	\$261,833,057	0.00	\$255,587,759	0.00
OTHER FUNDS	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.810

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1a. What strategic priority does this program address?

Provide healthcare for children.

1b. What does this program do?

Effective May 1, 2017, Managed Care was geographically extended statewide. All children are mandatorily enrolled in MO HealthNet Managed Care but may opt out and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998).

Eligibility requirements are:

- A child who is under 19 years of age;
- Family income below 300% of the federal poverty level (FPL); and
- No access to other health insurance coverage for less than \$95 to \$233 per month during SFY 2024 based on family size and income.

Program Objectives:

- Increase the number of children in Missouri who have access to a regular source of health care coverage
- Encourage the use of health care services in appropriate settings
- Ensure adequate supply of providers
- Encourage preventative services for children
- Increase use of Early and Periodic Screening Diagnosis Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program, for children

Rate History

See fee-for-service program tabs (physician, dental, rehab, etc.) for relevant rate history.

Most children under CHIP receive health benefits through the MO HealthNet Managed Care health plans. MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166, RSMo., require capitation payments made on behalf of managed care participants be actuarially sound.

The following are the prior year CHIP managed care actuarial increases received:

FY 2023 \$5,488,405

FY 2022 \$11,194,877

FY 2021 \$5,565,535

FY 2020 \$7,874,315 (5.6% actuarial increase related to increases in utilization and cost components)

FY 2019 \$0 (A rate increase was not funded in FY 2019)

FY 2018 \$236,298

FY 2017 \$506,848

PROGRAM DESCRIPTION

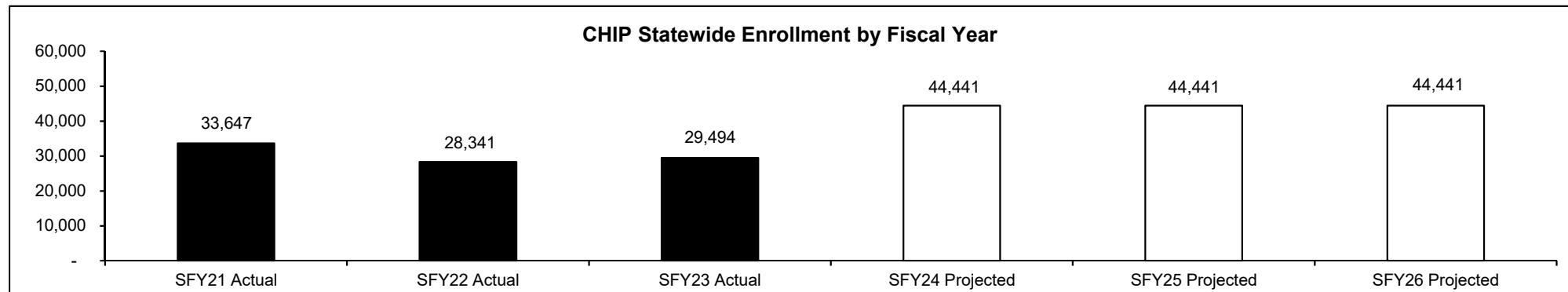
Department: Social Services

HB Section(s): 11.810

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

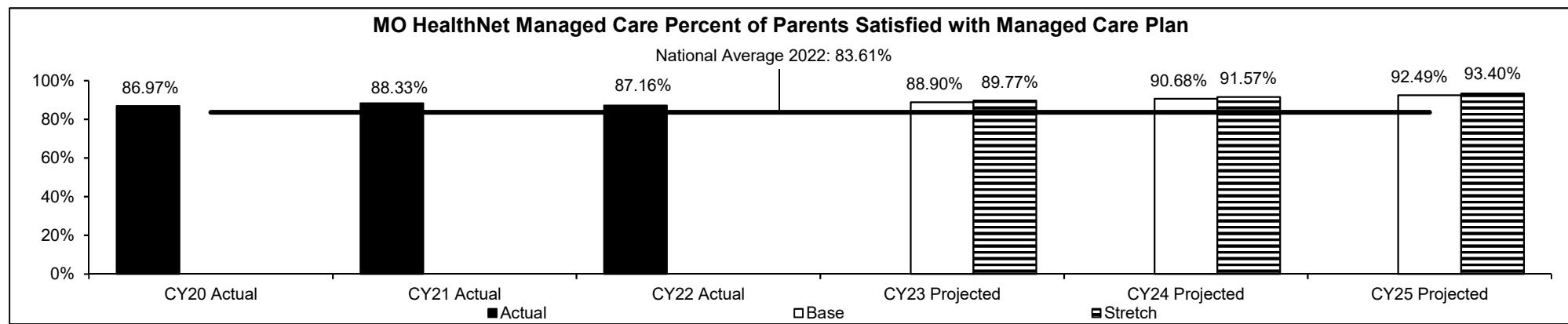
2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total CHIP enrollment by fiscal year. These children would be uninsured without CHIP coverage.

Note 2: Due to the eligibility criteria modifications during the Public Health Emergency (PHE), there are participants covered under the general managed care plan that may now be eligible for CHIP. Starting in July 2023, the CHIP population is projected to increase due to these eligibility modifications.

2b. Provide a measure(s) of the program's quality.



Note 1: Measure evaluates the number of participants indicating 8, 9, or 10 in their satisfaction with the program. Scale is based on 0 to 10 with 0 being the worst care and 10 being the best care possible.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

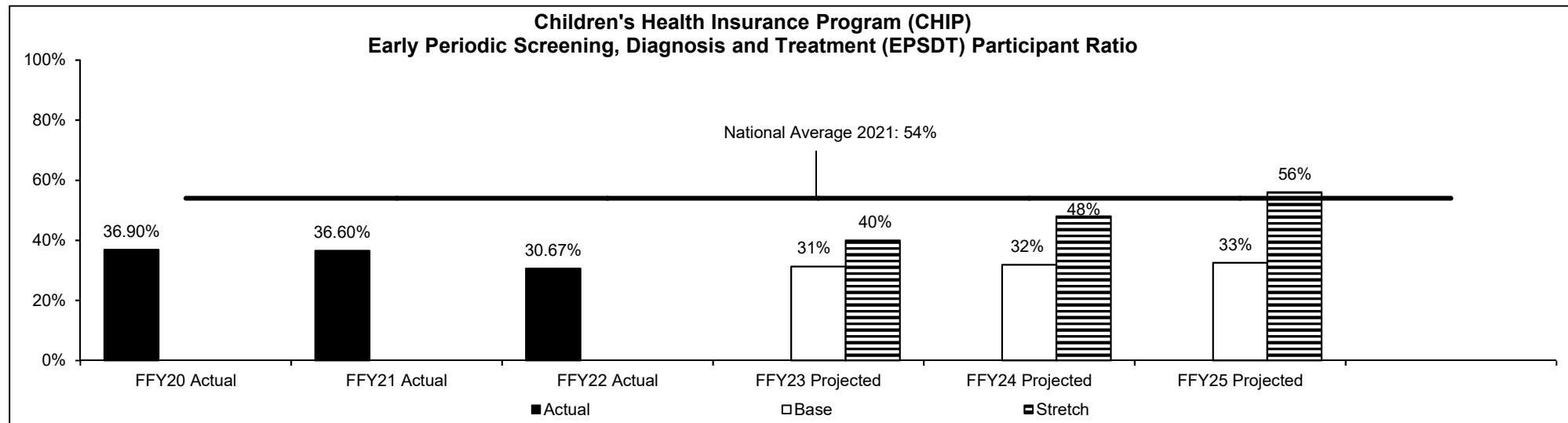
Department: Social Services

HB Section(s): 11.810

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts the percentage of CHIP children who actually did receive at least one initial or periodic screening with those that should have received the

Note 2: EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.

Note 3: Data is reported on a Federal Fiscal Year (FFY) basis to CMS. Base is a 2% increase from the prior FFY Actual.

Note 4: There has been a decrease in the EPSDT ratio since the beginning of the Public Health Emergency (PHE). It is anticipated that totals will level back out and begin increasing again in FFY24 and beyond since the PHE has ended. The national average in 2021 was 54%.

Note 5: MHD went to the Bright Futures periodicity schedule in October 2020, which requires 10 more screenings than the previous periodicity schedule providers were required to follow. There was also a large increase in eligibility.

PROGRAM DESCRIPTION

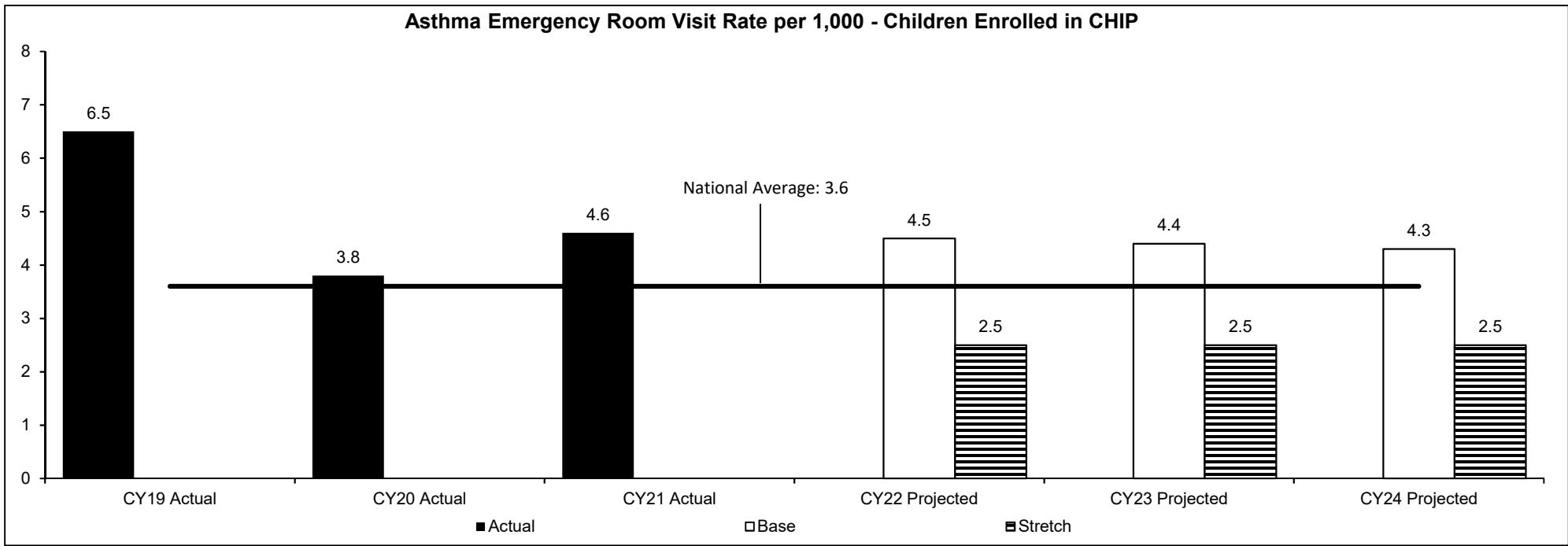
Department: Social Services

HB Section(s): 11.810

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2d. Provide a measure(s) of the program's efficiency.



Note 1: On average, each Emergency Room (ER) visit for asthma costs \$943.41, compared to only \$88.98 for a visit to a Primary Care Physician; \$854.43 is saved for each ER visit avoided.

Note 2: In 2021, there were 205 ER visits for asthma among CHIP participants, leading to \$175,158.15 a year in costs that could be avoided if a Primary Care visit had taken place instead of an ER visit. Cost savings will be seen as a result of decreases in asthma related ER visit rates among CHIP participants occurs each year.

Note 3: Base is a 2% decrease from the prior CY Actual. Stretch is based on the 2021 Non-Medicaid Rate.

Note 4: There is a 2 year delay in data. CY22 data will not be available until mid-year of CY24.

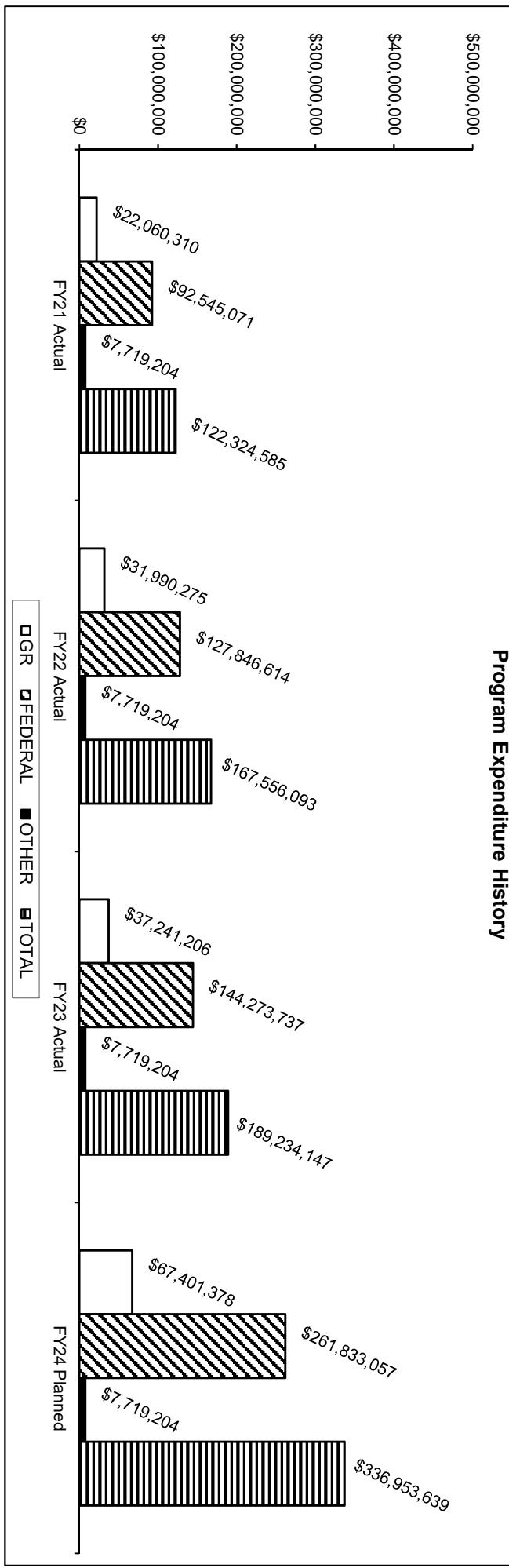
Note 5: The above chart shows emergency room visit rates per 1,000 per year.

PROGRAM DESCRIPTION

HB Section(s): 11.810

Department: Social Services
Program Name: Children's Health Insurance Program (CHIP)
Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

Federal Reimbursement Allowance Fund (0142)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State Statute: Sections 208.631 through 208.658, RSMo; Federal Law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

- 6. Are there federal matching requirements? If yes, please explain.**

The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Show-Me Healthy Babies

Budget Unit: 88855C
 HB Section: 11.815

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	15,136,244	48,503,932	0	63,640,176	PSD	15,136,244	48,272,665	0
TRF	0	0	0	0	TRF	0	0	0
Total	15,136,244	48,503,932	0	63,640,176	Total	15,136,244	48,272,665	0

FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0	<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care.

3. PROGRAM LISTING (list programs included in this core funding)

Show-Me Healthy Babies

CORE DECISION ITEM

Department: Social Services

Budget Unit: 88855C

Division: MO HealthNet

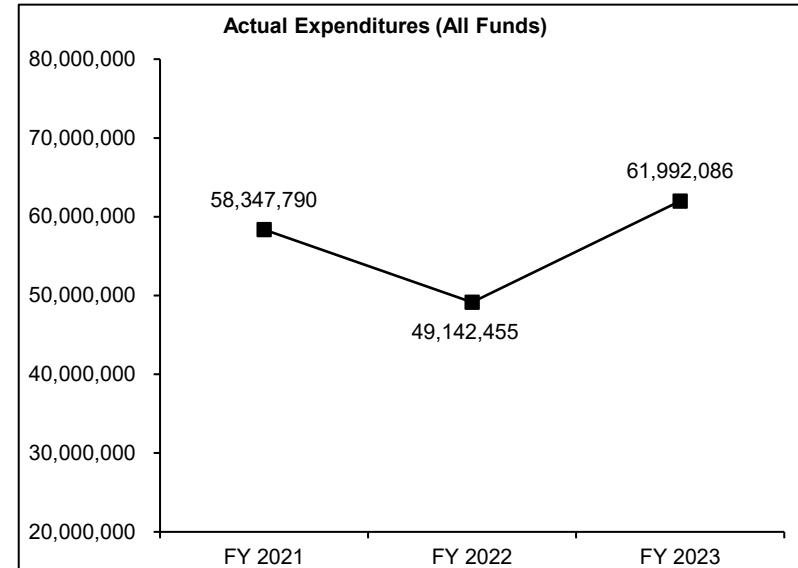
HB Section: 11.815

Core: Show-Me Healthy Babies

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	75,186,797	58,296,982	61,997,100	63,640,176
Less Reverted (All Funds)	(600)	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	75,186,197	58,296,982	61,997,100	63,640,176
Actual Expenditures (All Funds)	58,347,790	49,142,455	61,992,086	N/A
Unexpended (All Funds)	16,838,407	9,154,527	5,014	N/A
Unexpended, by Fund:				
General Revenue	3,590,572	406,505	1,055	N/A
Federal	13,247,835	8,748,022	3,959	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$79,516 GR), Cost to Continue (\$1,369,258 GR; \$4,035,547 Fed), MC Actuarial CTC (\$132,753 GR; \$411,161 Fed), MC Health Insurer Fee (\$179,207 GR; \$555,037 Fed). \$250,000 GR and \$1,000,000 Fed was flexed in to cover program expenditures. \$3,927,810 Fed was used a flex to cover program expenditures.

(2) FY22 - New Decision Items funded for FMAP Adjustment (\$394,706 Fed), Cost to Continue (\$5,115,422 GR; \$15,943,456 Fed). \$2,000,000 Fed was used as flex to cover program expenditures.

(3) FY23 - New Decision Items funded for FMAP Adjustment (\$5,555 Fed), Managed Care Actuarial Increase (\$1,012,126 GR; \$3,234,258 Fed). \$3,075,000 flexed in to cover program expenditures.

(4) FY24 - New Decision Items funded for FMAP Adjustment (\$15,019 Fed), MHD CTC (\$1,947,403 GR; \$6,338,518 Fed), Managed Care Actuarial Increase (\$509,506 GR; \$1,631,723 Fed), Pharmacy Specialty PMPM (\$9,640 GR; \$30,874 Fed), Pharmacy Non-Specialty PMPM (\$2,735 GR; \$8,758 Fed). Supplemental awarded for \$5,761,081.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SHOW-ME BABIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	15,136,244	48,503,932	0	63,640,176	
	Total	0.00	15,136,244	48,503,932	0	63,640,176	
DEPARTMENT CORE REQUEST							
	PD	0.00	15,136,244	48,503,932	0	63,640,176	
	Total	0.00	15,136,244	48,503,932	0	63,640,176	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	2488 7563	PD	0.00	0	(231,267)	0	(231,267) FMAP adjustment reduction
NET GOVERNOR CHANGES		0.00		0	(231,267)	0	(231,267)
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	15,136,244	48,272,665	0	63,408,909	
	Total	0.00	15,136,244	48,272,665	0	63,408,909	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
SHOW-ME BABIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	14,758,262	0.00	15,136,244	0.00	15,136,244	0.00	15,136,244	0.00
CHILDRENS HEALTH INSURANCE	47,233,824	0.00	48,503,932	0.00	48,503,932	0.00	48,272,665	0.00
TOTAL - PD	61,992,086	0.00	63,640,176	0.00	63,640,176	0.00	63,408,909	0.00
TOTAL	61,992,086	0.00	63,640,176	0.00	63,640,176	0.00	63,408,909	0.00
FMAP - 0000014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	0	0.00	231,267	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	231,267	0.00
TOTAL	0	0.00	0	0.00	0	0.00	231,267	0.00
MC Actuarial - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	383,716	0.00	390,130	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	1,231,928	0.00	1,225,514	0.00
TOTAL - PD	0	0.00	0	0.00	1,615,644	0.00	1,615,644	0.00
TOTAL	0	0.00	0	0.00	1,615,644	0.00	1,615,644	0.00
Pharmacy Specialty PMPM - 1886013								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	5,384	0.00	5,463	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	17,241	0.00	17,162	0.00
TOTAL - PD	0	0.00	0	0.00	22,625	0.00	22,625	0.00
TOTAL	0	0.00	0	0.00	22,625	0.00	22,625	0.00
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,734	0.00	1,760	0.00

1/24/24 15:11

im_disummary

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
SHOW-ME BABIES								
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	5,553	0.00	5,527	0.00
TOTAL - PD	0	0.00	0	0.00	7,287	0.00	7,287	0.00
TOTAL	0	0.00	0	0.00	7,287	0.00	7,287	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	5,176,955	0.00	3,546,482	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	0	0.00	16,712,127	0.00	10,179,021	0.00
TOTAL - PD	0	0.00	0	0.00	21,889,082	0.00	13,725,503	0.00
TOTAL	0	0.00	0	0.00	21,889,082	0.00	13,725,503	0.00
GRAND TOTAL	\$61,992,086	0.00	\$63,640,176	0.00	\$87,174,814	0.00	\$79,011,235	0.00

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 88855C BUDGET UNIT NAME: Show-Me Healthy Babies HOUSE BILL SECTION: 11.815	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
SHOW-ME BABIES								
CORE								
PROGRAM DISTRIBUTIONS	61,992,086	0.00	63,640,176	0.00	63,640,176	0.00	63,408,909	0.00
TOTAL - PD	61,992,086	0.00	63,640,176	0.00	63,640,176	0.00	63,408,909	0.00
GRAND TOTAL	\$61,992,086	0.00	\$63,640,176	0.00	\$63,640,176	0.00	\$63,408,909	0.00
GENERAL REVENUE	\$14,758,262	0.00	\$15,136,244	0.00	\$15,136,244	0.00	\$15,136,244	0.00
FEDERAL FUNDS	\$47,233,824	0.00	\$48,503,932	0.00	\$48,503,932	0.00	\$48,272,665	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.815

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

1a. What strategic priority does this program address?

Provide eligible unborn children healthcare.

1b. What does this program do?

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Senate Bill (SB) 106 and SB 45, effective July 7, 2023, extended the MO HealthNet coverage for these low-income women which will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. Coverage for the child continues for up to one year after birth (at that time the child may be eligible for Medicaid or CHIP) to help foster a child's healthy upbringing, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin
- Household income must be at or below 300% of FPL
- Uninsured
- No access to employer insurance or affordable private insurance which includes maternity benefits
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services or Extended Women's Health Services)

Reimbursement Methodology

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

PROGRAM DESCRIPTION

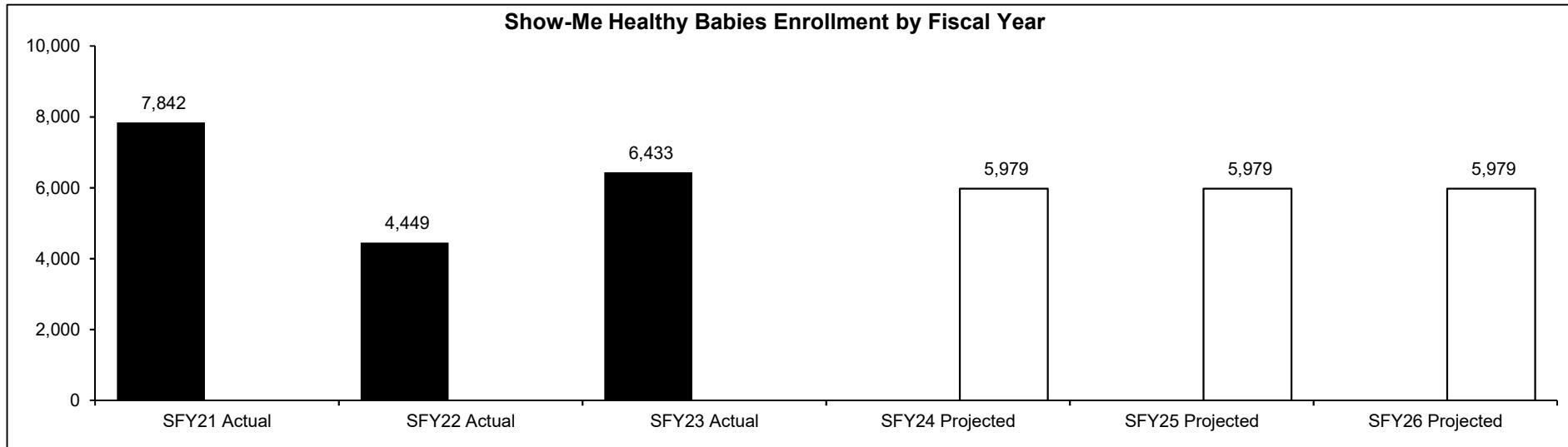
Department: Social Services

HB Section(s): 11.815

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total enrollment in Show-Me Healthy Babies.

Note 2: The decrease from SFY21 to SFY22 is due to changes in CMS guidelines for Title XXI eligibles during the Public Health Emergency (PHE). Enrollment for SMHB individuals were able to be assessed and closed if necessary.

Note 3: A decrease in SFY24 is anticipated as redeterminations are conducted due to the end of the PHE.

PROGRAM DESCRIPTION

Department: Social Services

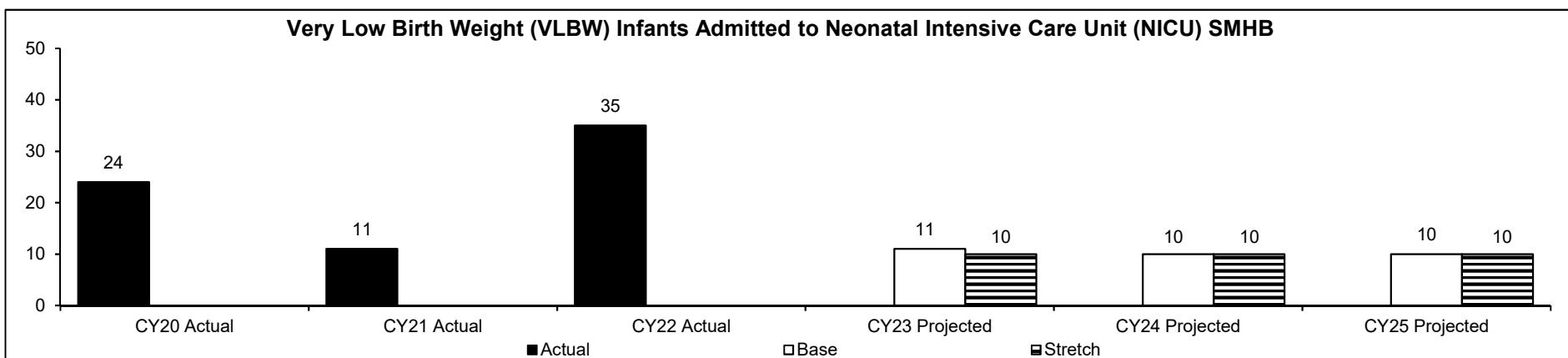
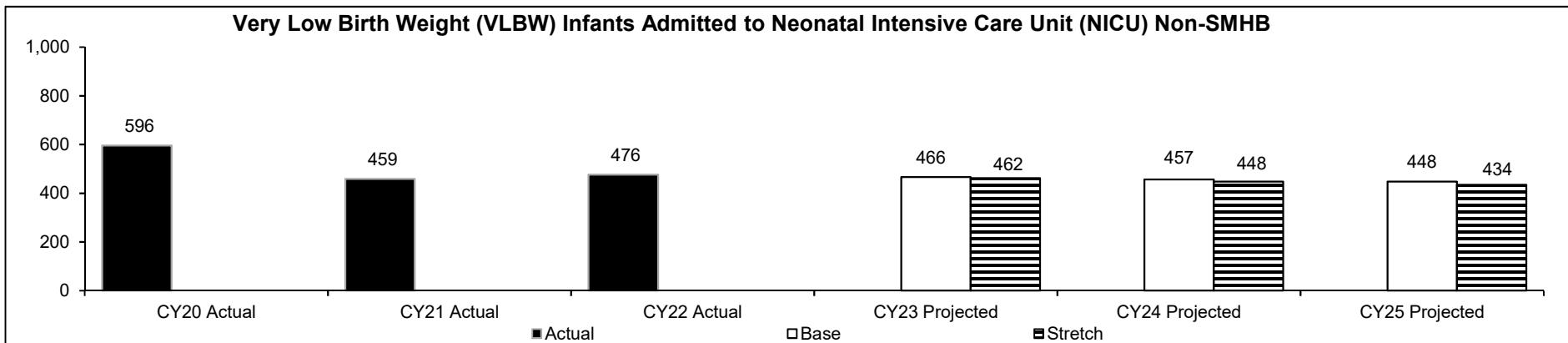
HB Section(s): 11.815

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2b. Provide a measure(s) of the program's quality.

The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.



Note 1: Chart 1 depicts the number of Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams) for both Managed Care and FFS unduplicated participants under one year of age. (Data in previous Budget Books included participants born with a VLBW regardless in age)

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams). (Data in previous Budget Books included participants born with a VLBW regardless in age)

PROGRAM DESCRIPTION

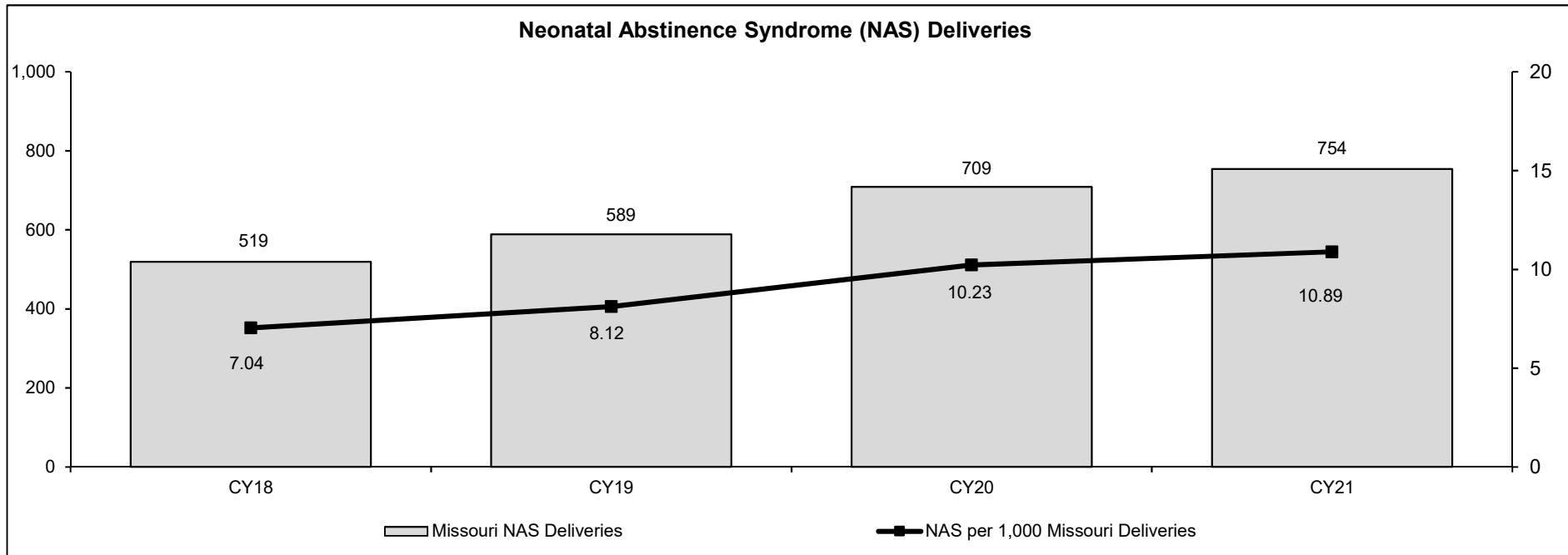
Department: Social Services

HB Section(s): 11.815

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: NAS year totals reflect the most recently developed NAS definition used by the current DHSS dashboard as of June 2022. In late 2018 three additional codes were added, P04.14, P04.17, and P04.1A. These 3 codes account for changes in data from 2018 and onward.

Note 4: The increase from CY20 to CY21 is due in part to the COVID-19 pandemic.

PROGRAM DESCRIPTION

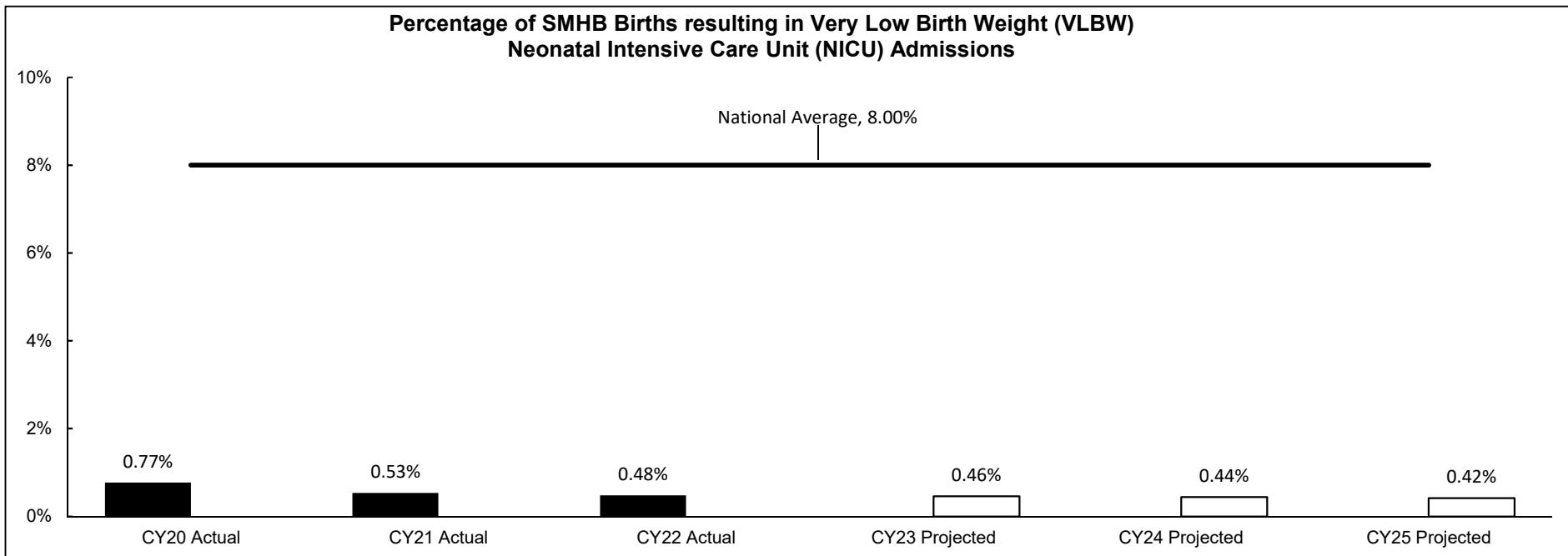
Department: Social Services

HB Section(s): 11.815

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2d. Provide a measure(s) of the program's efficiency.

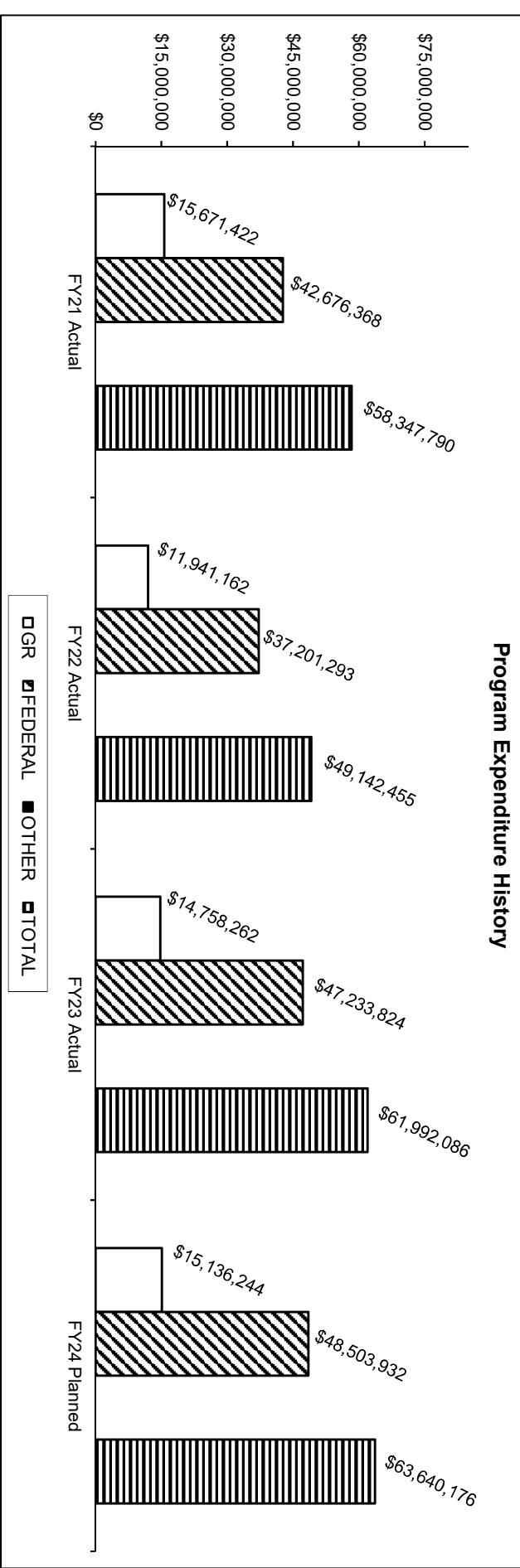


Note 1: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole.

Note 2: National Average data is courtesy of the March of Dimes

PROGRAM DESCRIPTION**Department:** Social Services**Program Name:** Show Me Healthy Babies (SMHB)**Program is found in the following core budget(s):** Show-Me Healthy Babies (SMHB)**HB Section(s):** 11.815

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include**



- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI. Federal Regulations: 42 CFR 457.10.

- 6. Are there federal matching requirements? If yes, please explain.**

In FFY 2020 (October 1, 2020) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90569C

Division: MO HealthNet

HB Section: 11.820

Core: School District Medicaid Claiming

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	242,525	84,139,296	0	84,381,821	PSD	242,525	84,139,296	0
TRF	0	0	0	0	TRF	0	0	0
Total	242,525	84,139,296	0	84,381,821	Total	242,525	84,139,296	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS).

3. PROGRAM LISTING (list programs included in this core funding)

School-based administrative and school-based early and periodic screening, diagnostic, and treatment (EPSDT) services.

CORE DECISION ITEM

Department: Social Services

Budget Unit: 90569C

Division: MO HealthNet

HB Section: 11.820

Core: School District Medicaid Claiming

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	41,896,295	68,381,821	86,792,123	84,381,821
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	41,896,295	68,381,821	86,792,123	84,381,821
Actual Expenditures (All Funds)	40,623,758	64,320,071	86,739,034	N/A
Unexpended (All Funds)	1,272,537	4,061,750	53,089	N/A
Unexpended, by Fund:				
General Revenue	68,381	72,339	53,089	N/A
Federal	1,204,156	3,989,411	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	

*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

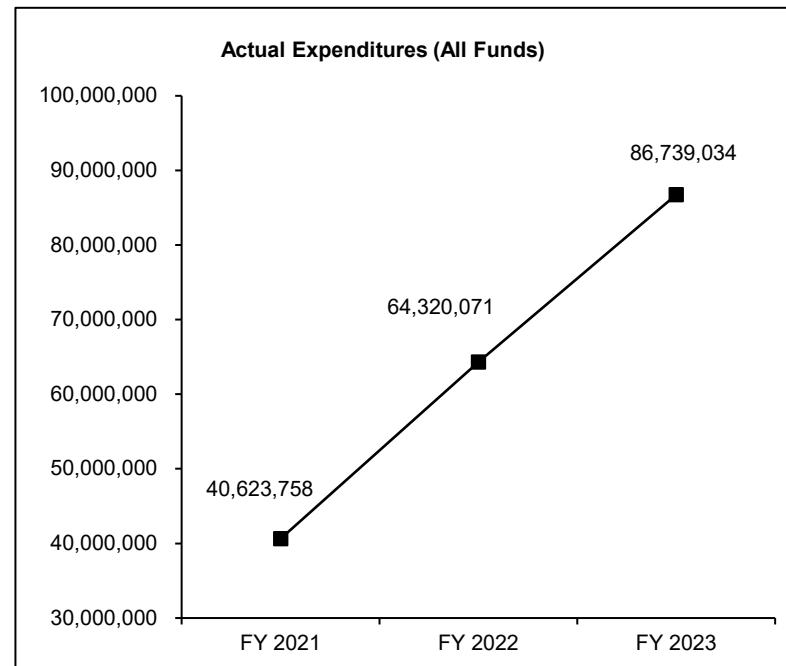
Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY22 - Supplemental Funded for \$26,485,526.

(2) FY23 - New Decision Items funded for School District Claiming Authority (\$16,000,000 Fed), MHD CTC (\$26,485,526 Fed).

(3) FY24 - Supplemental awarded for \$2,410,302.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	
DEPARTMENT CORE REQUEST							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	242,525	84,139,296	0	84,381,821	
	Total	0.00	242,525	84,139,296	0	84,381,821	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
Budget Object Summary								
Fund								
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	189,436	0.00	242,525	0.00	242,525	0.00	242,525	0.00
TITLE XIX-FEDERAL AND OTHER	86,549,598	0.00	84,139,296	0.00	84,139,296	0.00	84,139,296	0.00
TOTAL - PD	86,739,034	0.00	84,381,821	0.00	84,381,821	0.00	84,381,821	0.00
TOTAL	86,739,034	0.00	84,381,821	0.00	84,381,821	0.00	84,381,821	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	36,248,984	0.00	55,724,785	0.00
TOTAL - PD	0	0.00	0	0.00	36,248,984	0.00	55,724,785	0.00
TOTAL	0	0.00	0	0.00	36,248,984	0.00	55,724,785	0.00
GRAND TOTAL	\$86,739,034	0.00	\$84,381,821	0.00	\$120,630,805	0.00	\$140,106,606	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM DISTRIBUTIONS	86,739,034	0.00	84,381,821	0.00	84,381,821	0.00	84,381,821	0.00
TOTAL - PD	86,739,034	0.00	84,381,821	0.00	84,381,821	0.00	84,381,821	0.00
GRAND TOTAL	\$86,739,034	0.00	\$84,381,821	0.00	\$84,381,821	0.00	\$84,381,821	0.00
GENERAL REVENUE	\$189,436	0.00	\$242,525	0.00	\$242,525	0.00	\$242,525	0.00
FEDERAL FUNDS	\$86,549,598	0.00	\$84,139,296	0.00	\$84,139,296	0.00	\$84,139,296	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.820

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

1a. What strategic priority does this program address?

Reimbursement to school districts for Medicaid related health services

1b. What does this program do?

This program allows school districts to obtain Medicaid funding for administrative activities that support direct services, designated medical services that are provided to children with disabilities in the school district (direct services), and specialized transportation for these direct services. Administrative activities are reimbursed through the School District Administrative Claiming (SDAC) program, which include activities associated with health and outreach programs for children in the school district. Direct services include physical, occupational, and speech evaluation and therapy services; audiology; personal care; private duty nursing; and behavioral health services that are medically necessary, and are included in an Individualized Education Plan (IEP) for school age children. Schools may submit claims and participate in cost settlement and reconciliation for IEP direct services. Specialized transportation services are provided to a child receiving IEP direct services who has a need for specific transportation as outlined in their IEP, and who would not otherwise get services while attending school if that need were not met. Some examples of specialized transportation services include specialized equipment or a specially adapted bus.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in this program. The school district must be a MO HealthNet enrolled provider and a cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.820

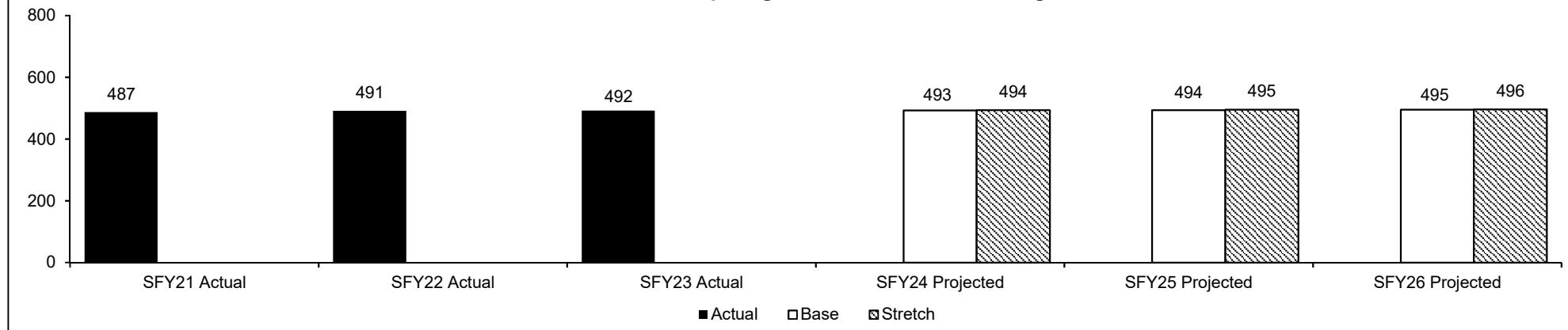
Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

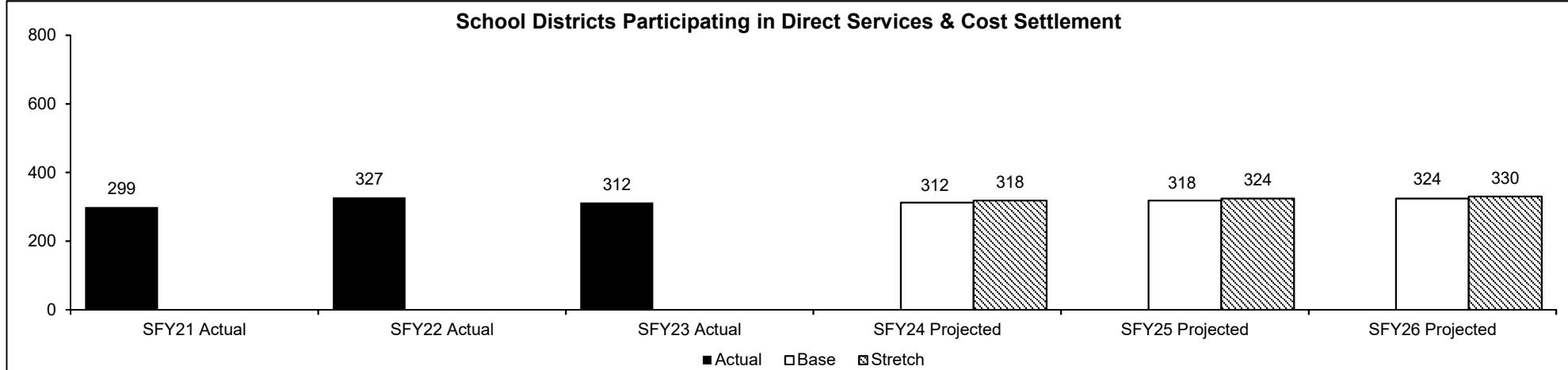
2a. Provide an activity measure(s) for the program.

As a result of allowing schools to receive reimbursement, 492 school districts are currently participating in SDAC, 312 school districts are enrolled to participate in the direct services cost settlement program, and 24 school districts are enrolled to participate in the IEP specialized transportation program.

School Districts Participating in Administrative Claiming



School Districts Participating in Direct Services & Cost Settlement



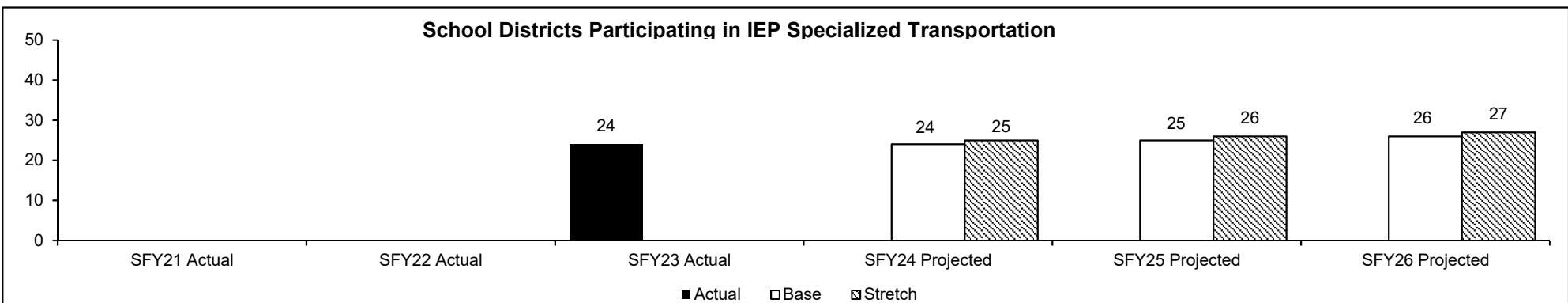
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.820

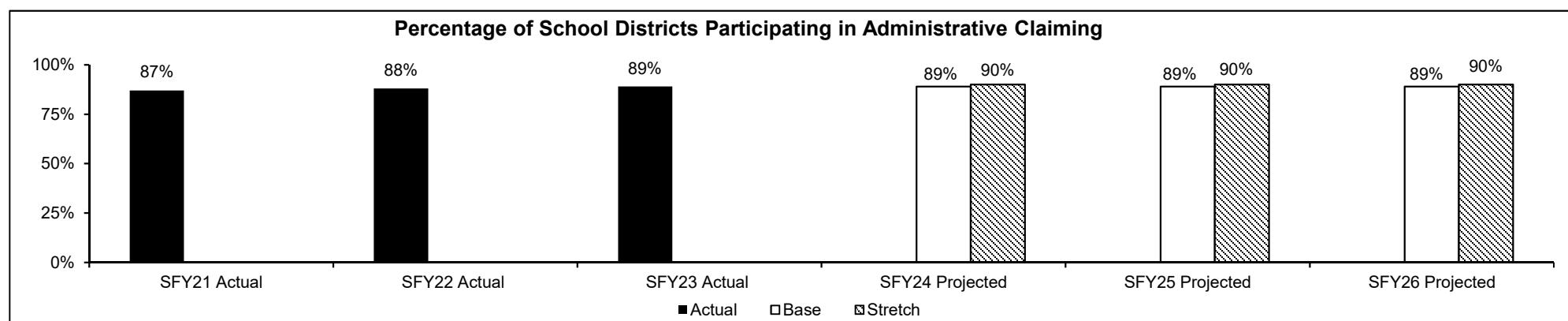
Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming



2b. Provide a measure(s) of the program's quality.

According to the Missouri School Board Association, the MO HealthNet Division (MHD), in strong partnership with Missouri schools, works cooperatively to ensure health care needs are met so that children can learn. School District Administrative Claiming (SDAC), Specialized Transportation, and designated medical services received by students with disabilities (Direct Services) are three programs under MHD that partially reimburse school districts for providing medical services to otherwise qualified children, without impacting the state's general revenue. According to the Missouri School Board Association, access to quality medical services and revenue to support those services is vital to children and to the schools that serve them as it allows children with health care needs to attend school and to achieve at a level commensurate with their peers, without adversely impacting the overall quality of education in the district.



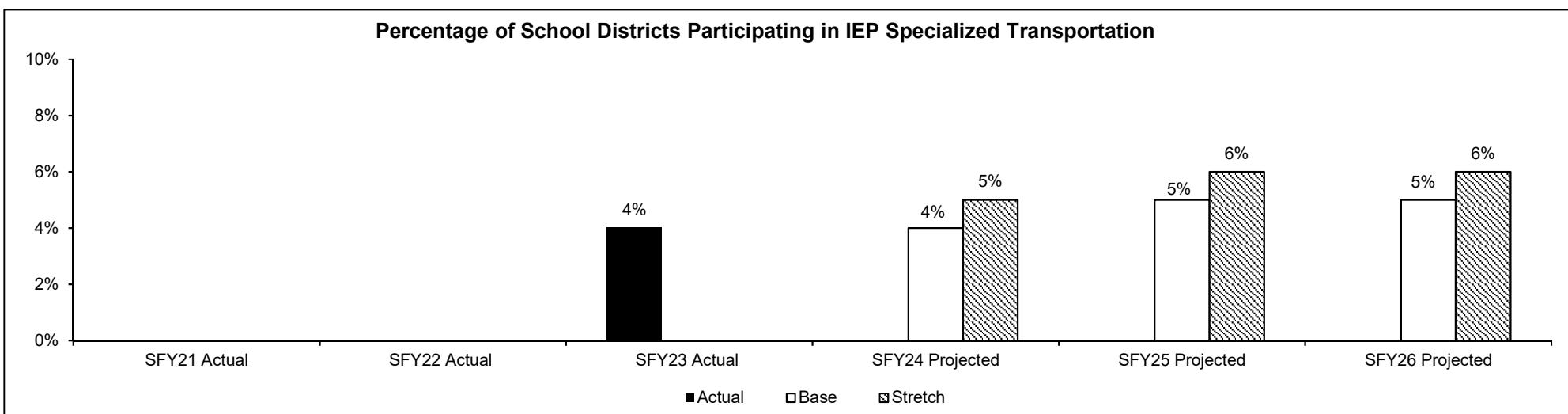
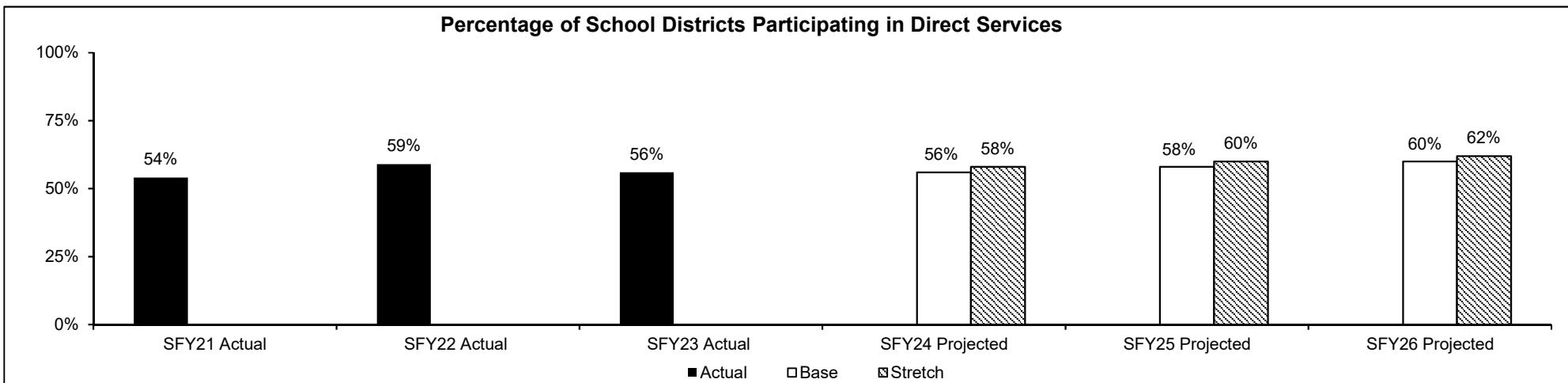
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.820

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming



PROGRAM DESCRIPTION

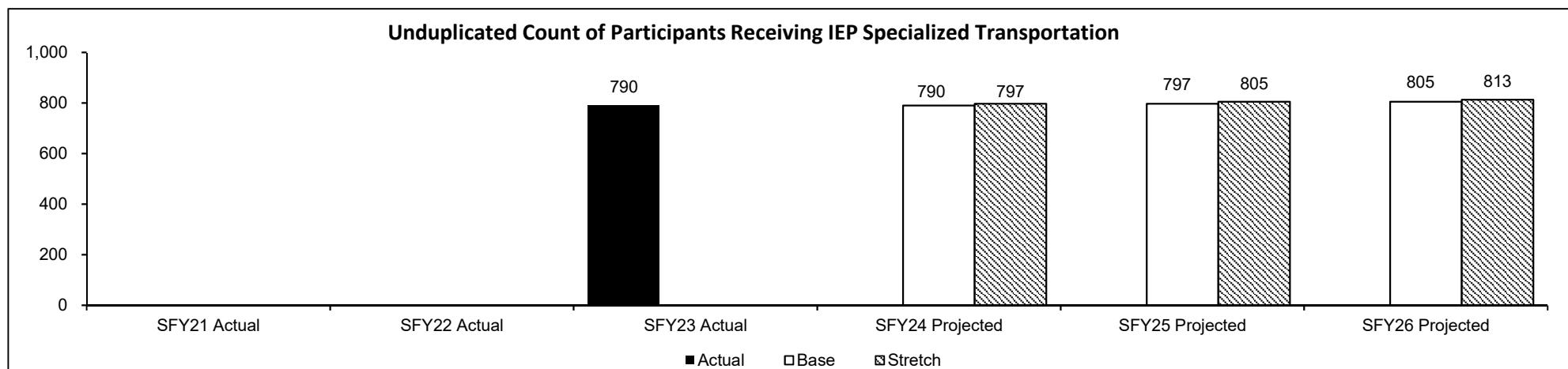
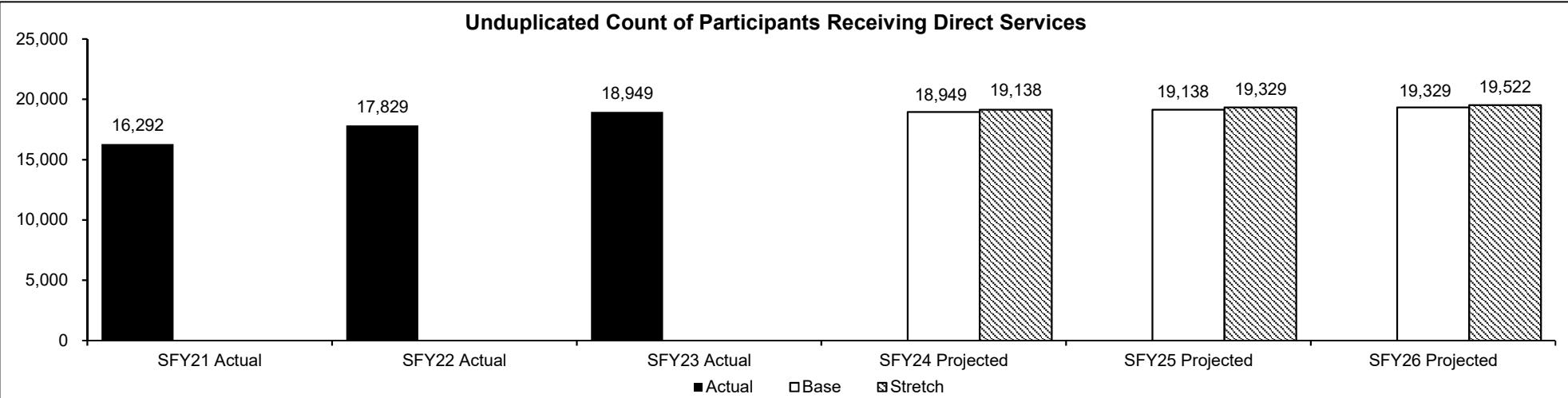
Department: Social Services

HB Section(s): 11.820

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2c. Provide a measure(s) of the program's impact.



PROGRAM DESCRIPTION

Department: Social Services

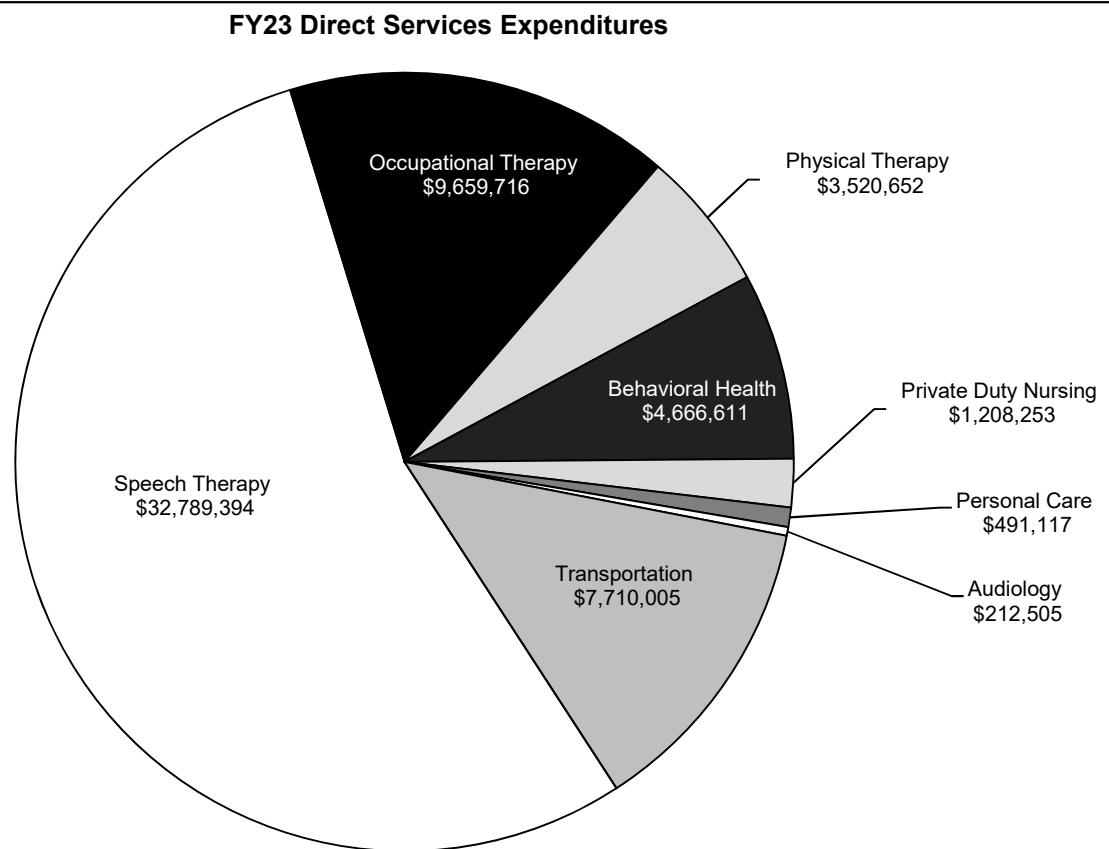
HB Section(s): 11.820

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2d. Provide a measure(s) of the program's efficiency.

School districts are responsible for the state match and the MO HealthNet Division will draw down the federal match. Administrative activities provided through the SDAC program allow the school to assist with eligibility outreach, coordination, and referrals for improved health care for students. Direct services allow the student to receive necessary medical services to be successful in the school setting. Some services below can be provided in person or by telehealth.

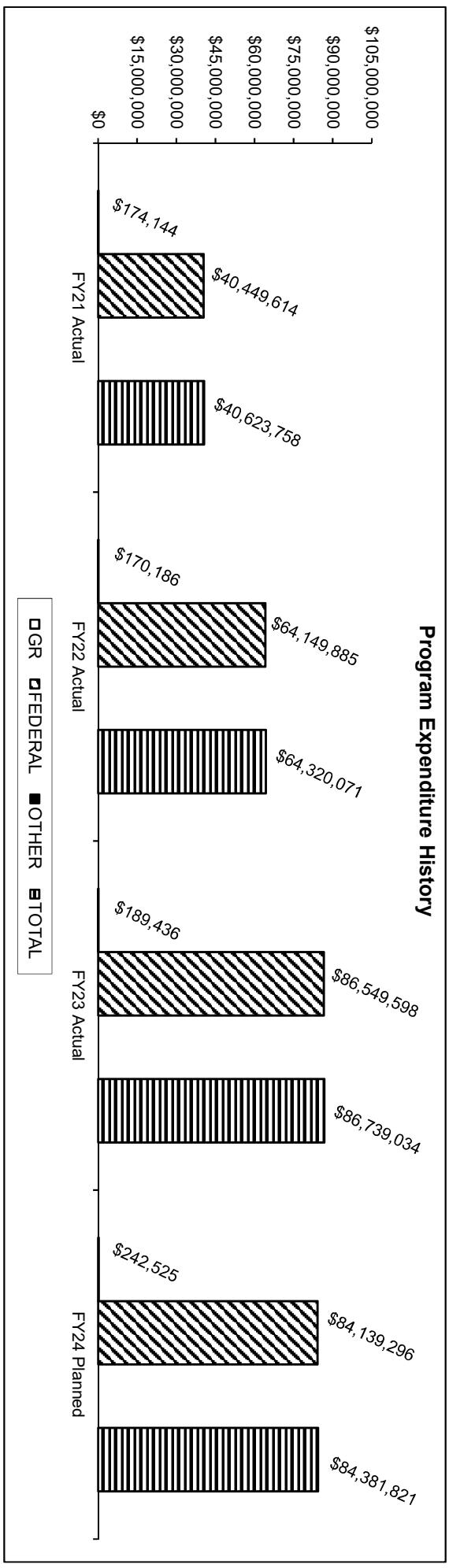


PROGRAM DESCRIPTION

HB Section(s): 11.820

Department: Social Services
Program Name: School District Medicaid Claiming
Program is found in the following core budget(s): School District Medicaid Claiming

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Federal regulation: 42 CFR 441.50 and 441.55-441.60.

- 6. Are there federal matching requirements? If yes, please explain.**

Medicaid allowable services provided by school districts receive a federal medical assistance percentage (FMAP) on expenditures. Administrative expenditures earn a 50% federal match and the state matching requirement is 50%. Direct services earn Missouri's FMAP. The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.825

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	21,278,866	0	0	21,278,866
TRF	0	0	0	0
Total	21,278,866	0	0	21,278,866

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	21,278,866	0	0	21,278,866
TRF	0	0	0	0
Total	21,278,866	0	0	21,278,866

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This item funds a state-only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid.

3. PROGRAM LISTING (list programs included in this core funding)

Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.825

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	20,974,410	20,197,254	21,991,693	21,278,866
Less Reverted (All Funds)	(638,232)	(632,918)	(609,357)	(638,366)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	20,336,178	19,564,336	21,382,336	20,640,500
Actual Expenditures (All Funds)	20,313,149	19,054,910	21,381,336	N/A
Unexpended (All Funds)	23,029	509,426	0	N/A
Unexpended, by Fund:				
General Revenue	23,029	509,426	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)

*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

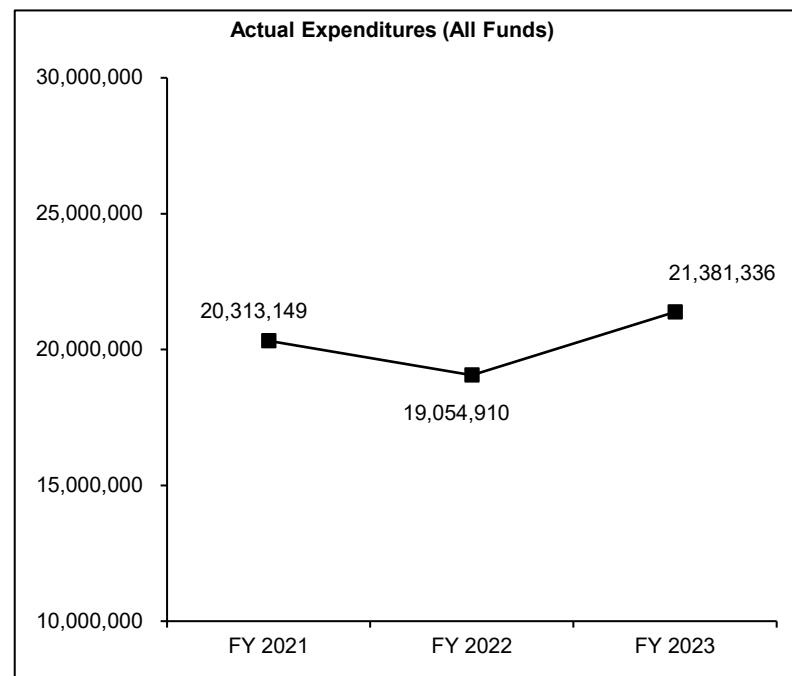
NOTES:

(1) FY21 - Core reduction of \$1,541,139 (GR) due to estimated lapse. \$300,000 GR was used as flex to cover other program expenditures.

(2) FY22 - Core reduction of \$177,156 (GR) due to estimated lapse. \$900,000 GR was used as flex to cover other program expenditures.

(3) FY23 - \$1,273,157 flexed in and \$737,994 flex used to cover program expenditures.

(4) FY24 - New Decision Items funded for MHD CTC (\$858,468 GR), Pharmacy Specialty PMPM (\$84,516 GR), Pharmacy Non-Specialty PMPM (\$23,976 GR). Supplemental awarded for \$1,144,624.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
BLIND PENSION MEDICAL BENEFITS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	21,278,866	0	0	21,278,866	
	Total	0.00	21,278,866	0	0	21,278,866	
DEPARTMENT CORE REQUEST							
	PD	0.00	21,278,866	0	0	21,278,866	
	Total	0.00	21,278,866	0	0	21,278,866	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	21,278,866	0	0	21,278,866	
	Total	0.00	21,278,866	0	0	21,278,866	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	21,381,336	0.00	21,278,866	0.00	21,278,866	0.00	21,278,866	0.00
TOTAL - PD	21,381,336	0.00	21,278,866	0.00	21,278,866	0.00	21,278,866	0.00
TOTAL	21,381,336	0.00	21,278,866	0.00	21,278,866	0.00	21,278,866	0.00
Pharmacy Specialty PMPM - 1886013								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	51,330	0.00	51,330	0.00
TOTAL - PD	0	0.00	0	0.00	51,330	0.00	51,330	0.00
TOTAL	0	0.00	0	0.00	51,330	0.00	51,330	0.00
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	16,531	0.00	16,531	0.00
TOTAL - PD	0	0.00	0	0.00	16,531	0.00	16,531	0.00
TOTAL	0	0.00	0	0.00	16,531	0.00	16,531	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,390,344	0.00	2,244,740	0.00
TOTAL - PD	0	0.00	0	0.00	2,390,344	0.00	2,244,740	0.00
TOTAL	0	0.00	0	0.00	2,390,344	0.00	2,244,740	0.00
GRAND TOTAL	\$21,381,336	0.00	\$21,278,866	0.00	\$23,737,071	0.00	\$23,591,467	0.00

1/24/24 15:11
im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90573C	DEPARTMENT: Social Services
BUDGET UNIT NAME: Blind Pension Medical	
HOUSE BILL SECTION: 11.825	DIVISION: MO HealthNet

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

Department Request

10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.716 (PACE), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.765 (MC Specialty Plan), 11.770 (Hospital Care), 11.795 (Health Homes), 11.810 (CHIP), 11.815 (SMHB), 11.825 (Blind).

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$737,994	DSS will flex up to 10% between sections.	Up to 10% flexibility will be used.

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Rehab and Specialty Services.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	21,381,336	0.00	21,278,866	0.00	21,278,866	0.00	21,278,866	0.00
TOTAL - PD	21,381,336	0.00	21,278,866	0.00	21,278,866	0.00	21,278,866	0.00
GRAND TOTAL	\$21,381,336	0.00	\$21,278,866	0.00	\$21,278,866	0.00	\$21,278,866	0.00
GENERAL REVENUE	\$21,381,336	0.00	\$21,278,866	0.00	\$21,278,866	0.00	\$21,278,866	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.825

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

1a. What strategic priority does this program address?

Improve healthcare for blind participants

1b. What does this program do?

The Blind Pension Medical Program provides individuals with a state-only funded health care benefit package to accompany their monthly cash grant. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise .2% of the total MO HealthNet Division expenditures.

The Blind Pension Medical Program provides a state-only funded health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The Blind Pension benefit is provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- Must be 18 years of age or older
- Has lived in MO at least 12 months, or has maintained residency in MO since becoming blind, whichever is the shorter time period, and intends to remain living in the state
- United States citizen or eligible non-citizen
- Has not given away, sold, or transferred real or personal property in order to be eligible for Blind Pension
- Effective 8/28/2018, is single, or married and living with spouse, and does not own real or personal property worth more than \$29,999
- Determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees in the better eye)
- Willing to have a medical treatment or an operation to cure their blindness unless they are 75 years or older
- Is not a resident of a public, private, or endowed institution except a public medical institution
- Is found to be ineligible for Supplemental Aid to the Blind
- Is found ineligible to receive federal Supplemental Security Income benefits
- Effective 8/28/2018, does not have a valid drivers license in any state or territory
- Effective 8/28/2018, may not operate a motor vehicle
- Does not publicly solicit alms
- Is of good moral character
- Effective 8/28/2018, has no sighted spouse whose income is equal to or more than 500% of the Federal Poverty Level

PROGRAM DESCRIPTION

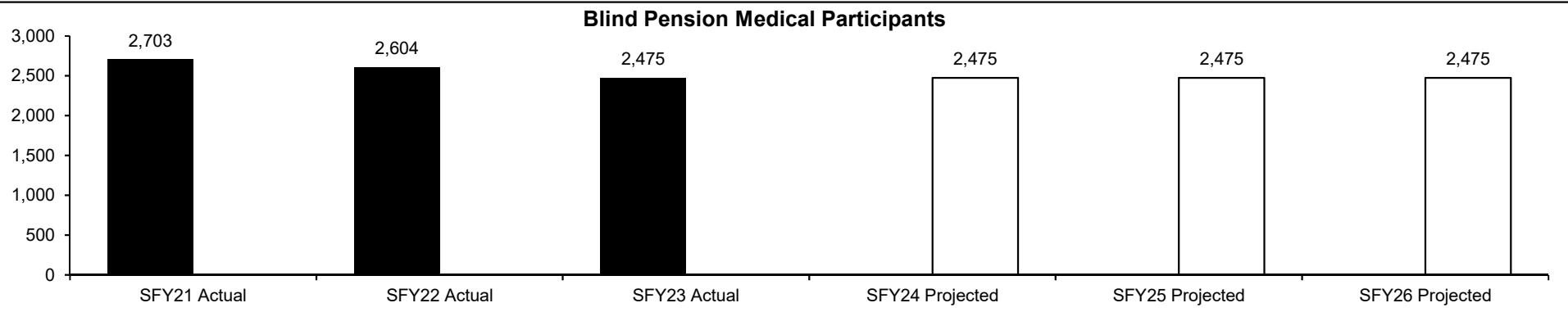
Department: Social Services

HB Section(s): 11.825

Program Name: Blind Pension Medical

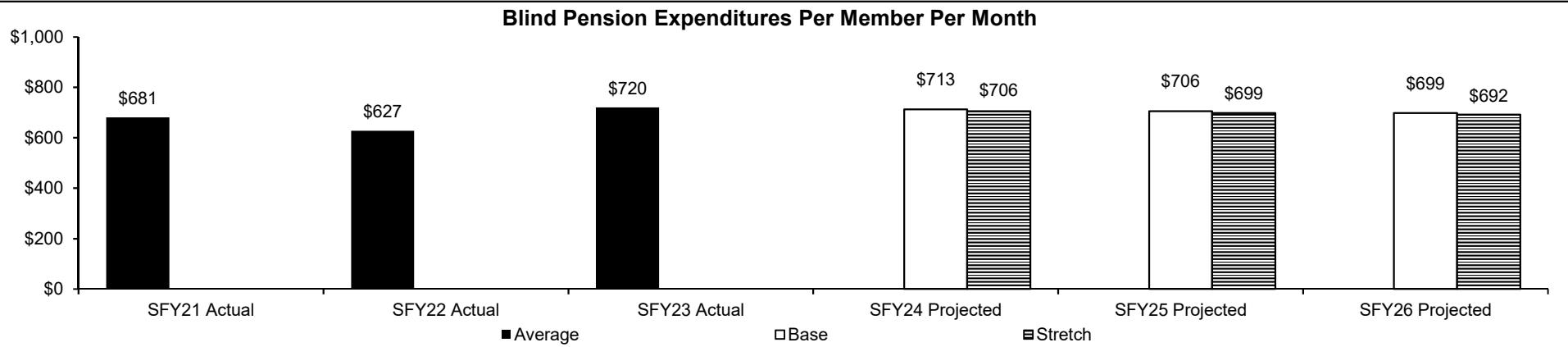
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



Note: Decrease in enrollment is due to Blind Pension Medical participants being eligible under a different category and receiving MO HealthNet benefits under the Title XIV program.

2b. Provide a measure of the program's quality.



Note: MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. The cost per member per month is found by taking the medical expenditures per member per year divided by the total number of months. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

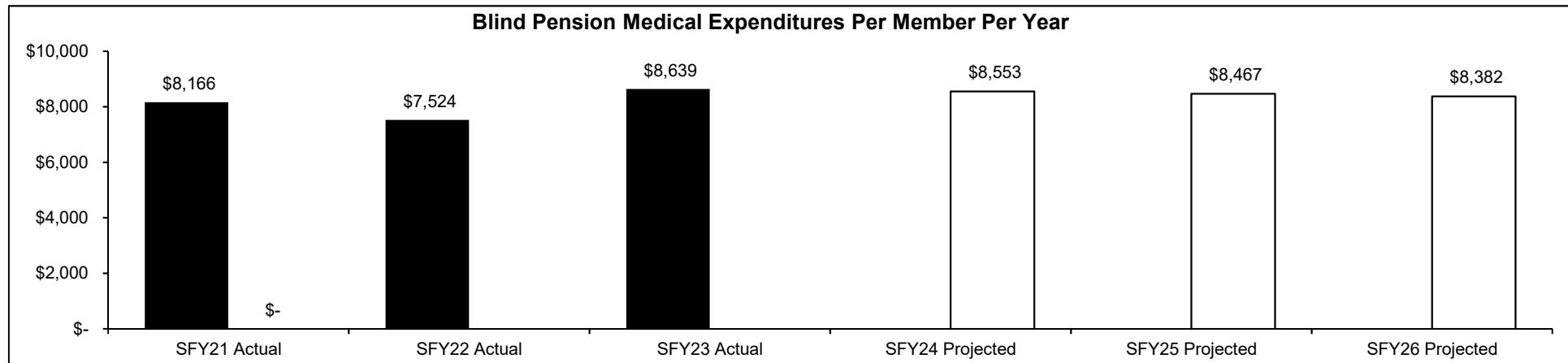
Department: Social Services

HB Section(s): 11.825

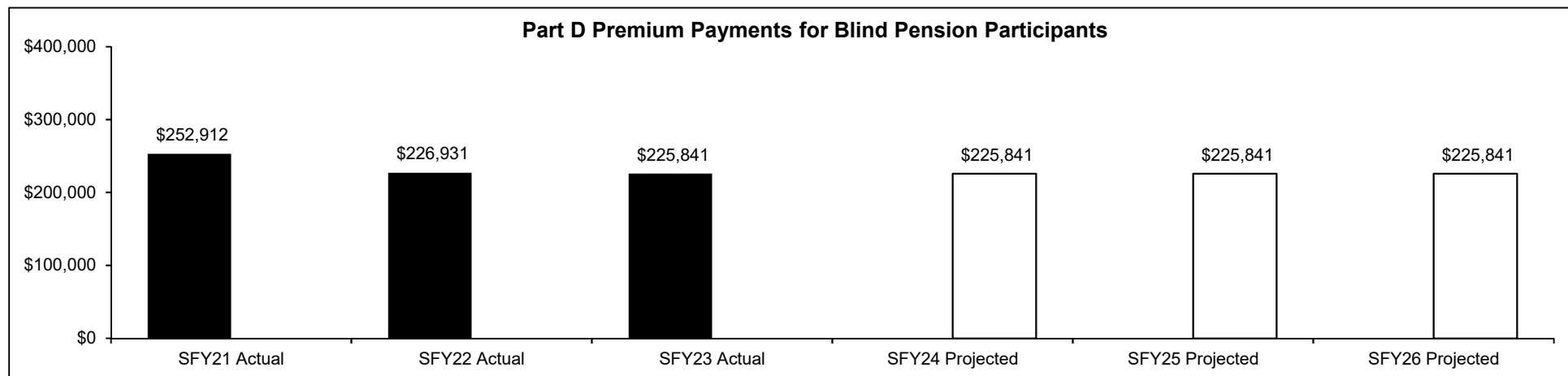
Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



Note: For qualifying blind pension participants, MO HealthNet pays the Medicare Part D premium.

PROGRAM DESCRIPTION

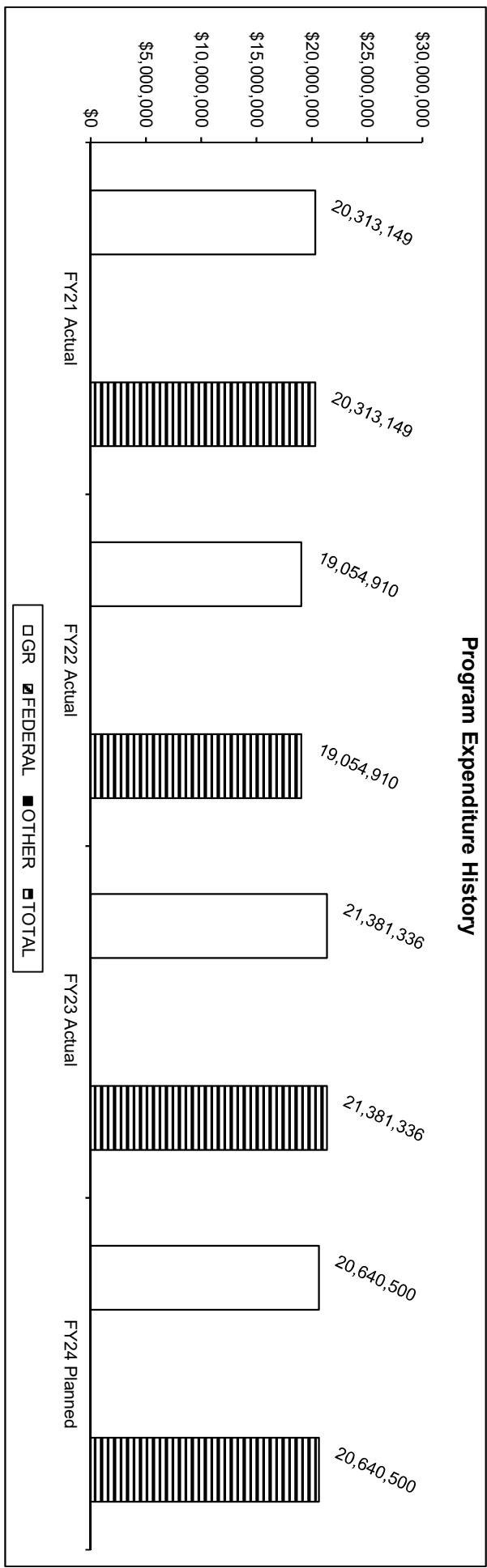
Department: Social Services

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

HB Section(s): 11.825

- 3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY24 expenditures are net of reverted.

- 4. What are the sources of the "Other" funds?**

N/A

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Sections 208.151 and 208.152, RSMo.

- 6. Are there federal matching requirements? If yes, please explain.**

No.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Adult Expansion Group

Budget Unit: 90603C

HB Section: 11.830

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request					FY 2025 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	0	3,202,072,784	49,167,586	3,251,240,370	PSD	0	3,199,976,402	49,167,586	3,249,143,988
TRF	0	0	0	0	TRF	0	0	0	0
Total	0	3,202,072,784	49,167,586	3,251,240,370	Total	0	3,199,976,402	49,167,586	3,249,143,988

FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------	-----	------	------	------	------

Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>									

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$47,606,270
 Pharmacy Reimbursement Allowance Fund (0144) - \$673,946
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$322,103
 Ambulance Service Reimb Allowance Fund (0958) - \$565,267

Other Funds:

Federal Reimbursement Allowance Fund (FRA) (0142) - \$47,606,270
 Pharmacy Reimbursement Allowance Fund (0144) - \$673,946
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$322,103
 Ambulance Service Reimb Allowance Fund (0958) - \$565,267

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program known as the Adult Expansion Group (AEG) that provides health care services to the MO HealthNet Managed Care adult population, age 19 to 64 with income up to 138% of the Federal Poverty Level (FPL).

3. PROGRAM LISTING (list programs included in this core funding)

Adult Expansion Group

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Adult Expansion Group

Budget Unit: 90603C

HB Section: 11.830

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	0	0	2,920,334,331	3,451,974,278
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	2,920,334,331	3,451,974,278
Actual Expenditures (All Funds)	0	0	2,737,509,715	N/A
Unexpended (All Funds)	0	0	182,824,616	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	176,242,674	N/A
Other	0	0	6,581,942	N/A
		(1)		(2)

*Current Year restricted amount is as of 1/15/2024.

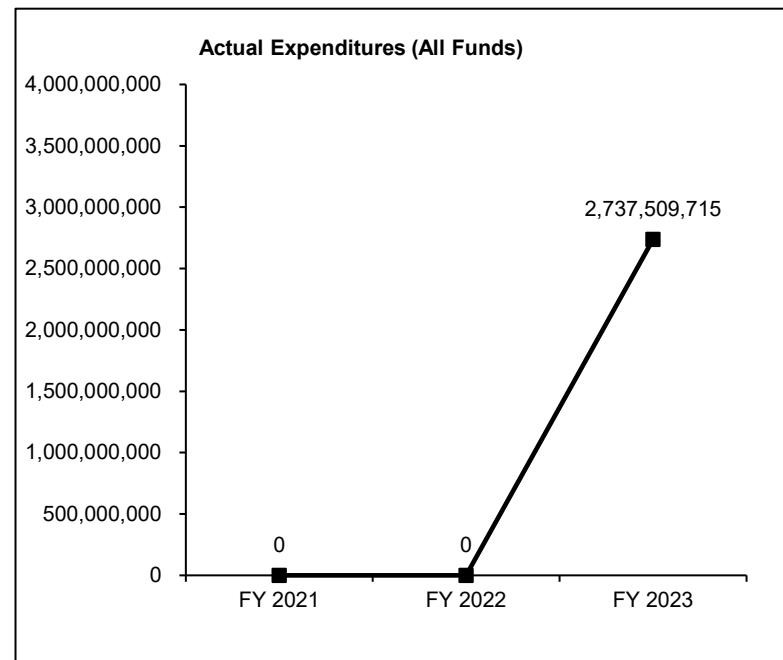
Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - Adult Expansion (HB 11.825) was established in FY23.

(2) FY24 - New Decision Items funded for MHD CTC (\$886,804,852 Fed; \$35,845,476 OTH), Managed Care Actuarial Increase (\$23,415,779 Fed), Pharmacy Specialty PMPM (\$8,359,024 Fed), Pharmacy Non-Specialty PMPM (\$2,371,292 Fed). Supplemental awarded for \$425,156,476.



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ADULT EXPANSION GROUP (AEG)**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00		0 3,402,806,692	49,167,586	3,451,974,278	
	Total	0.00		0 3,402,806,692	49,167,586	3,451,974,278	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1128 1991	PD	0.00	0 (178,578,117)		0 (178,578,117)	Core reduction due to estimated lapse.
Core Reduction	1128 1990	PD	0.00	0 (22,155,791)		0 (22,155,791)	Core reduction due to estimated lapse.
NET DEPARTMENT CHANGES			0.00	0 (200,733,908)		0 (200,733,908)	
DEPARTMENT CORE REQUEST							
	PD	0.00		0 3,202,072,784	49,167,586	3,251,240,370	
	Total	0.00		0 3,202,072,784	49,167,586	3,251,240,370	
GOVERNOR'S ADDITIONAL CORE ADJUSTMENTS							
Core Reduction	1128 1991	PD	0.00	0 (2,003,832)		0 (2,003,832)	Core reduction due to estimated lapse.
Core Reduction	1128 1990	PD	0.00	0 (92,550)		0 (92,550)	Core reduction due to estimated lapse.
NET GOVERNOR CHANGES			0.00	0 (2,096,382)		0 (2,096,382)	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00		0 3,199,976,402	49,167,586	3,249,143,988	
	Total	0.00		0 3,199,976,402	49,167,586	3,249,143,988	

DECISION ITEM SUMMARY

Budget Unit	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
ADULT EXPANSION GROUP (AEG)								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	2,464,471,755	0.00	3,106,776,858	0.00	2,928,198,741	0.00	2,926,194,909	0.00
FMAP ENHANCEMENT - EXPANSION	234,432,182	0.00	296,029,834	0.00	273,874,043	0.00	273,781,493	0.00
FEDERAL REIMBURSMENT ALLOWANCE	37,540,769	0.00	47,606,270	0.00	47,606,270	0.00	47,606,270	0.00
PHARMACY REIMBURSEMENT ALLOWAN	719,427	0.00	673,946	0.00	673,946	0.00	673,946	0.00
NURSING FACILITY FED REIM ALLW	317,220	0.00	322,103	0.00	322,103	0.00	322,103	0.00
AMBULANCE SERVICE REIMB ALLOW	28,362	0.00	565,267	0.00	565,267	0.00	565,267	0.00
TOTAL - PD	2,737,509,715	0.00	3,451,974,278	0.00	3,251,240,370	0.00	3,249,143,988	0.00
TOTAL	2,737,509,715	0.00	3,451,974,278	0.00	3,251,240,370	0.00	3,249,143,988	0.00
MC Actuarial - 1886009								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	6,661,139	0.00	6,661,139	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	740,126	0.00	740,126	0.00
TOTAL - PD	0	0.00	0	0.00	7,401,265	0.00	7,401,265	0.00
TOTAL	0	0.00	0	0.00	7,401,265	0.00	7,401,265	0.00
Pharmacy Specialty PMPM - 1886013								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	2,162,836	0.00	2,162,836	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	240,315	0.00	240,315	0.00
TOTAL - PD	0	0.00	0	0.00	2,403,151	0.00	2,403,151	0.00
TOTAL	0	0.00	0	0.00	2,403,151	0.00	2,403,151	0.00
Pharmacy Non-Specialty PMPM - 1886014								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	696,562	0.00	696,562	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	0	0.00	77,396	0.00	77,396	0.00
TOTAL - PD	0	0.00	0	0.00	773,958	0.00	773,958	0.00
TOTAL	0	0.00	0	0.00	773,958	0.00	773,958	0.00

1/24/24 15:11

im_disummary

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
ADULT EXPANSION GROUP (AEG)								
MO MAPS (MHD CTC) - 1886015								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	14,727,678	0.00	14,727,678	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	1,636,409	0.00	1,636,409	0.00
TOTAL - PD	0	0.00	0	0.00	16,364,087	0.00	16,364,087	0.00
TOTAL	0	0.00	0	0.00	16,364,087	0.00	16,364,087	0.00
IGT DMH Increase (CTC) - 1886018								
PROGRAM-SPECIFIC								
TITLE XIX ADULT EXPANSION FED	0	0.00	0	0.00	117,085,497	0.00	156,465,000	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	13,009,500	0.00	17,385,000	0.00
TOTAL - PD	0	0.00	0	0.00	130,094,997	0.00	173,850,000	0.00
TOTAL	0	0.00	0	0.00	130,094,997	0.00	173,850,000	0.00
MHD CTC - 1886020								
PROGRAM-SPECIFIC								
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	0	0.00	404,071	0.00	404,071	0.00
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	267,821	0.00	446,497	0.00
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	97,275	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	769,167	0.00	850,568	0.00
TOTAL	0	0.00	0	0.00	769,167	0.00	850,568	0.00
GRAND TOTAL	\$2,737,509,715	0.00	\$3,451,974,278	0.00	\$3,409,046,995	0.00	\$3,450,787,017	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
ADULT EXPANSION GROUP (AEG)								
CORE								
PROGRAM DISTRIBUTIONS	2,737,509,715	0.00	3,451,974,278	0.00	3,251,240,370	0.00	3,249,143,988	0.00
TOTAL - PD	2,737,509,715	0.00	3,451,974,278	0.00	3,251,240,370	0.00	3,249,143,988	0.00
GRAND TOTAL	\$2,737,509,715	0.00	\$3,451,974,278	0.00	\$3,251,240,370	0.00	\$3,249,143,988	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$2,698,903,937	0.00	\$3,402,806,692	0.00	\$3,202,072,784	0.00	\$3,199,976,402	0.00
OTHER FUNDS	\$38,605,778	0.00	\$49,167,586	0.00	\$49,167,586	0.00	\$49,167,586	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.830

Program Name: Adult Expansion Group

Program is found in the following core budget(s): Adult Expansion Group

1a. What strategic priority does this program address?

Ensuring health, safe, and productive lives for MO HealthNet participants.

1b. What does this program do?

On August 4, 2020, a state constitutional amendment (Article IV, Section 36c) was approved by voters to allow for the expansion of Medicaid eligibility to include adults, age 19 to 64 with income up to 138% of the Federal Poverty Level (FPL), effective July 1, 2021. This population is known as the Adult Expansion Group (AEG).

Eligibility Requirements are:

- Adults age 19-64
- Family income at or below 138% of the FPL
- Not entitled to or enrolled in Medicare Part A or B
- Not receiving Supplemental Security Income (SSI)
- Does not qualify for any other MO HealthNet coverage

The program provides eligible adults a benefit package of essential, medically necessary health services including primary care, preventive care, and emergency services to improve comprehensive health coverage for adults.

AEG participants are mandatorily enrolled in MO HealthNet Managed Care (starting October 1st, 2021) but may opt out and receive their services through fee-for-service when certain criteria is met. AEG expenditures are matched at 90% through Title XIX federal funds. Manage Care organizations receive a monthly capitation payment to cover medical cost of the AEG participants. Carved out services (i.e. pharmacy, mental health services) for the AEG population are paid on a fee-for-service basis and also earn the 90% federal match.

PROGRAM DESCRIPTION

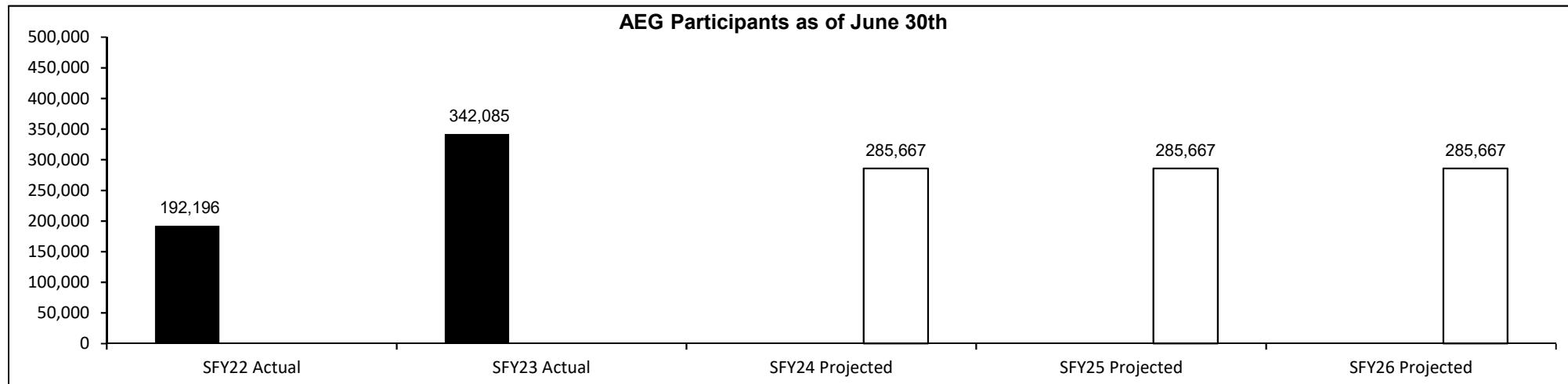
Department: Social Services

HB Section(s): 11.830

Program Name: Adult Expansion Group

Program is found in the following core budget(s): Adult Expansion Group

2a. Provide an activity measure(s) for the program.



NOTE: Managed Care enrollment for this program began in October 2021; however, due to the eligibility criteria modifications during the Public Health Emergency (PHE), there are participants covered under alternative MHD programs that may become eligible for AEG, and other participants that may not qualify anymore due to eligibility not being terminated during the COVID-19 pandemic. MHD has projected enrollment to adjust by the end of SFY24 due to these changes.

2b. Provide a measure(s) of the program's quality.

This is a new program, and MHD will have updated measures once a full year of data is available. This measure will evaluate the percentage of members, 18–85 years of age, who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

2c. Provide a measure(s) of the program's impact.

This is a new program, and MHD will have updated measures once a full year of data is available. This measure will evaluate Follow-Up After Emergency Department Visit for Mental Illness (FUM). This percentage is based on emergency department visits for members 19–64 years of age, with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 and 30 days.

PROGRAM DESCRIPTION

Department: Social Services

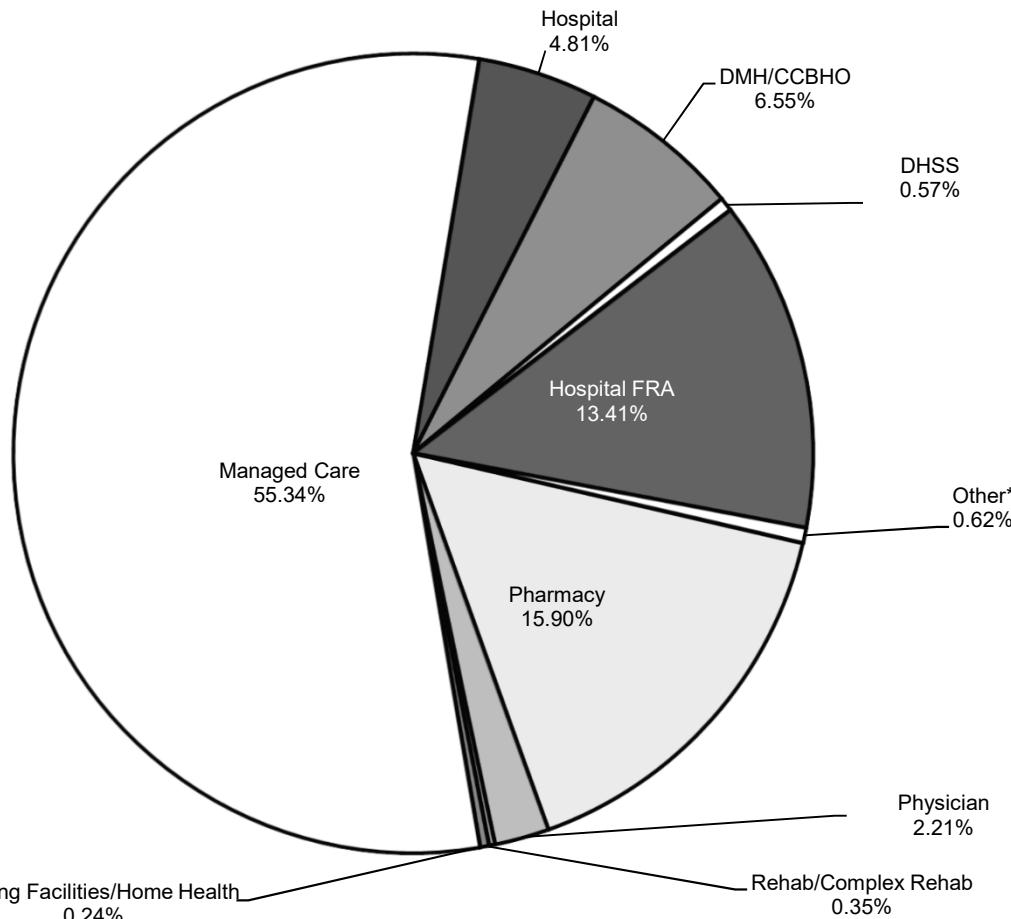
HB Section(s): 11.830

Program Name: Adult Expansion Group

Program is found in the following core budget(s): Adult Expansion Group

2d. Provide a measure(s) of the program's efficiency.

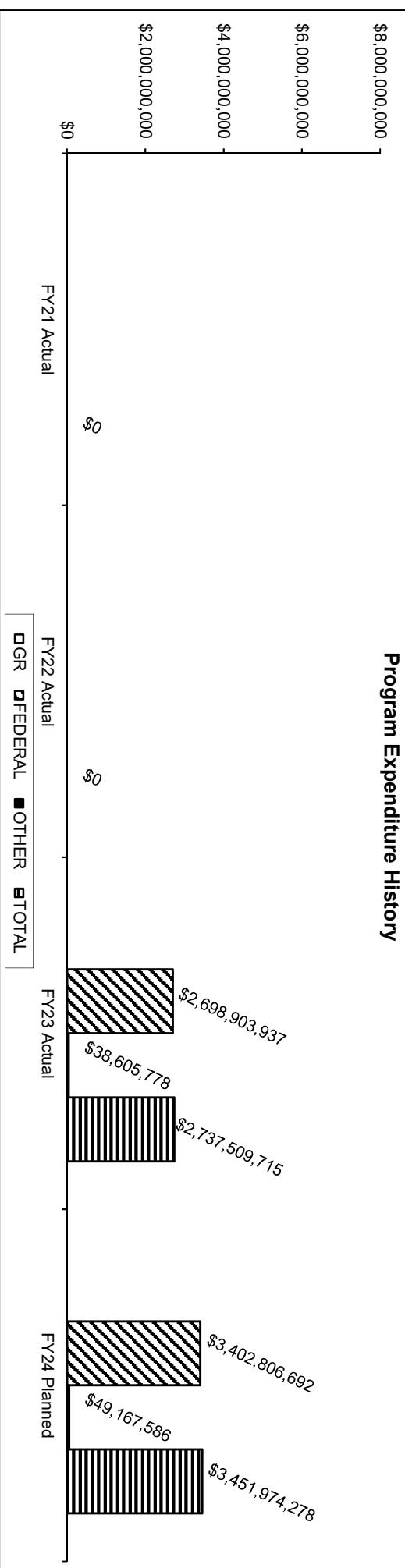
FY23 Total AEG Expenditures by Program



*Other includes: PACE, Dental, NEMT, Health Homes, DESE, Pharmacy FRA, Nursing Facilities FRA, Ambulance Services FRA

PROGRAM DESCRIPTION**Department: Social Services****Program Name: Adult Expansion Group****Program is found in the following core budget(s): Adult Expansion Group****HB Section(s): 11.830**

- 3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



HB 11.830 was established in FY2023. In FY2022 AEG expenditures were paid from their corresponding HB sections. The state share of AEG payments are paid from the FMAP Enhancement – Expansion Fund which is classified as a federal fund. The revenue source for the fund is from temporary enhanced federal earnings from expanding Medicaid.

- 4. What are the sources of the "Other" funds?**

Federal Reimbursement Allowance Fund (0142), Pharmacy Reimbursement Allowance Fund (0144), Nursing Facility Reimbursement Allowance Fund (0196), and Ambulance Service Reimbursement Fund (0958)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Section 36c of Article IV of the Missouri Constitution

- 6. Are there federal matching requirements? If yes, please explain.**

Expenditures earn a 90% federal match and require a 10% state share.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI#** 1866015

Budget Unit: 90603C
HB Section: 11.830

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	14,727,678	1,636,409	16,364,087
TRF	0	0	0	0
Total	0	14,727,678	1,636,409	16,364,087

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	14,727,678	1,636,409	16,364,087
TRF	0	0	0	0
Total	0	14,727,678	1,636,409	16,364,087

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Social Services Intergovernmental Transfer Fund (0139)

Non-Counts: N/A

Other Funds: Social Services Intergovernmental Transfer Fund (0139)

Non-Counts: N/A

2. THIS REQUEST CAN BE CATEGORIZED AS:

New Legislation	New Program	Fund Switch
Federal Mandate	Program Expansion	Cost to Continue
GR Pick-Up	Space Request	Equipment Replacement
Pay Plan	X Other: New appropriation requested within existing program	

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI#** 1866015

Budget Unit: 90603C
HB Section: 11.830

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Beginning in SFY 2024, the MO HealthNet Division (MHD) is initiating Missouri Medicaid Access to Physician Services (MO MAPS) payments within the Adult Expansion Group (AEG). These payments will be paid for by using the AEG appropriations. Therefore, new appropriations will need to be created within the AEG program section to establish a Department of Social Services Intergovernmental Transfer (IGT) Fund and a Title XIX-Federal and Other Fund to pay for these AEG funded MO MAPS payments.

Funds are needed for the Missouri Medicaid Access to Physician Services (MO MAPS) Program to provide supplemental payments to the State's essential Medicaid providers—the University of Missouri Health System (MU Health), University Health, and University Health Physicians. The goal is to increase access to primary and specialty care services for MO HealthNet Managed Care members while minimizing the administrative burden on the health plans, providers, and MO HealthNet. This CMS-approved payment methodology is consistent with 42 CFR 438.6(c) and was designed with technical assistance from CMS. Authorization is provided in House Bill 3011 from the 101st General Assembly.

The MO MAPS Program is a payment arrangement intended to supplement, not supplant, the base managed care rates negotiated between health plans and providers. The MO MAPS Program will operate as a pool, in which a set dollar amount is established before the start of the fiscal year that MO HealthNet will distribute to the health plans. Health plans use the pool to increase reimbursement to providers based on utilization and the reimbursement is distributed according to predetermined criteria memorialized in agreements between them and the providers.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The Department estimates that the total dollar amount for this state directed payment for SFY 2025 will be \$68,300,368 of which \$16,364,087 is projected for the Adult Expansion Group (AEG) population. The Department requests this authority in the AEG section with the associated 90% FMAP. The non-AEG projection is \$51,936,281 and no increase in authority is needed for this portion.

Department Request:

	AEG Section			FMAP
	Federal	IGT	Total	
FY 2025 Need	\$ 14,727,678	\$ 1,636,409	\$ 16,364,087	
Total	\$ 14,727,678	\$ 1,636,409	\$ 16,364,087	90.00%

Governor's Recommendation:

	AEG Section			FMAP
	Federal	IGT	Total	
FY 2025 Need	\$ 14,727,678	\$ 1,636,409	\$ 16,364,087	
Total	\$ 14,727,678	\$ 1,636,409	\$ 16,364,087	90.00%

Department: Social Services
Division: MO HealthNet
DI Name: MO MAPS CTC **DI#** 1866015

Budget Unit: 90603C
HB Section: 11.830

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	0		14,727,678		1,636,409		16,364,087		0
Total PSD	0		14,727,678		1,636,409		16,364,087		0
Grand Total	0	0.0	14,727,678	0.0	1,636,409	0.0	16,364,087	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		14,727,678		1,636,409		16,364,087		0
Total PSD	0		14,727,678		1,636,409		16,364,087		0
Grand Total	0	0.0	14,727,678	0.0	1,636,409	0.0	16,364,087	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Managed Care core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Managed Care core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Managed Care core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Managed Care core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
ADULT EXPANSION GROUP (AEG)								
MO MAPS (MHD CTC) - 1886015								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	16,364,087	0.00	16,364,087	0.00
TOTAL - PD	0	0.00	0	0.00	16,364,087	0.00	16,364,087	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$16,364,087	0.00	\$16,364,087	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$14,727,678	0.00	\$14,727,678	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$1,636,409	0.00	\$1,636,409	0.00

CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	500,077,646	207,740,879	707,818,525
TRF	0	0	0	0
Total	0	500,077,646	207,740,879	707,818,525

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	500,077,646	207,740,879	707,818,525
TRF	0	0	0	0
Total	0	500,077,646	207,740,879	707,818,525

FTE	0.00	0.00	0.00	0.00
-----	------	------	------	------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$207,740,879

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$207,740,879

2. CORE DESCRIPTION

The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services, Targeted Case Management (TCM) for behavioral health services, and Certified Community Behavioral Health Organizations (CCBHO).

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.855

4. FINANCIAL HISTORY

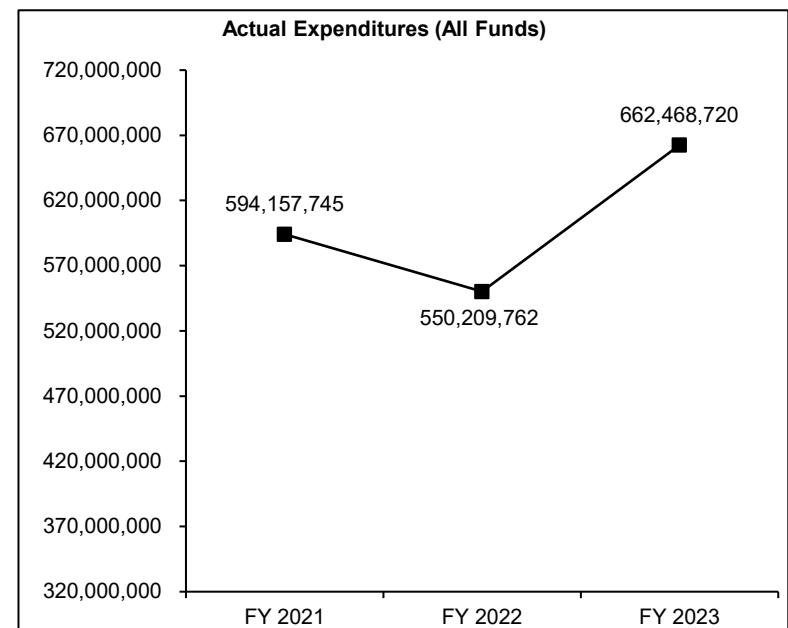
	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	707,818,525	707,818,525	707,818,525	707,818,525
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	707,818,525	707,818,525	707,818,525	707,818,525
Actual Expenditures (All Funds)	594,157,745	550,209,762	662,468,720	N/A
Unexpended (All Funds)	113,660,780	157,608,763	45,349,805	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	64,794,229	93,311,808	0	N/A
Other	48,866,551	64,296,955	45,349,805	N/A

*Current Year restricted amount is as of 9/01/2023.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
IGT DMH MEDICAID PROGRAM

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	207,740,879	707,818,525	
	Total	0.00	0	500,077,646	207,740,879	707,818,525	

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	500,077,646	0.00	500,077,646	0.00	500,077,646	0.00	500,077,646	0.00
INTERGOVERNMENTAL TRANSFER	162,391,074	0.00	207,740,879	0.00	207,740,879	0.00	207,740,879	0.00
TOTAL - PD	662,468,720	0.00	707,818,525	0.00	707,818,525	0.00	707,818,525	0.00
TOTAL	662,468,720	0.00	707,818,525	0.00	707,818,525	0.00	707,818,525	0.00
IGT DMH Increase (CTC) - 1886018								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	0	0.00	35,806,867	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	0	0.00	18,860,106	0.00
TOTAL - PD	0	0.00	0	0.00	0	0.00	54,666,973	0.00
TOTAL	0	0.00	0	0.00	0	0.00	54,666,973	0.00
GRAND TOTAL	\$662,468,720	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$762,485,498	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	662,468,720	0.00	707,818,525	0.00	707,818,525	0.00	707,818,525	0.00
TOTAL - PD	662,468,720	0.00	707,818,525	0.00	707,818,525	0.00	707,818,525	0.00
GRAND TOTAL	\$662,468,720	0.00	\$707,818,525	0.00	\$707,818,525	0.00	\$707,818,525	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$500,077,646	0.00	\$500,077,646	0.00	\$500,077,646	0.00	\$500,077,646	0.00
OTHER FUNDS	\$162,391,074	0.00	\$207,740,879	0.00	\$207,740,879	0.00	\$207,740,879	0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.855

Program Name: IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

1a. What strategic priority does this program address?

Support DMH Behavioral Health Programs

1b. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM and CCBHC services. The state match is provided using an IGT.

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

The MO HealthNet Division (MHD) uses an Intergovernmental Transfer (IGT) process for the non-federal share of CPR, CSTAR, TCM, and CCBHO services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR, CSTAR, TCM, and CCBHO services. The IGT transfer proves that the state match is available for the CPR, CSTAR, TCM and CCBHO programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR, CPR, TCM and CCBHO services and MHD will reimburse DMH both the state and the federal share for these services.

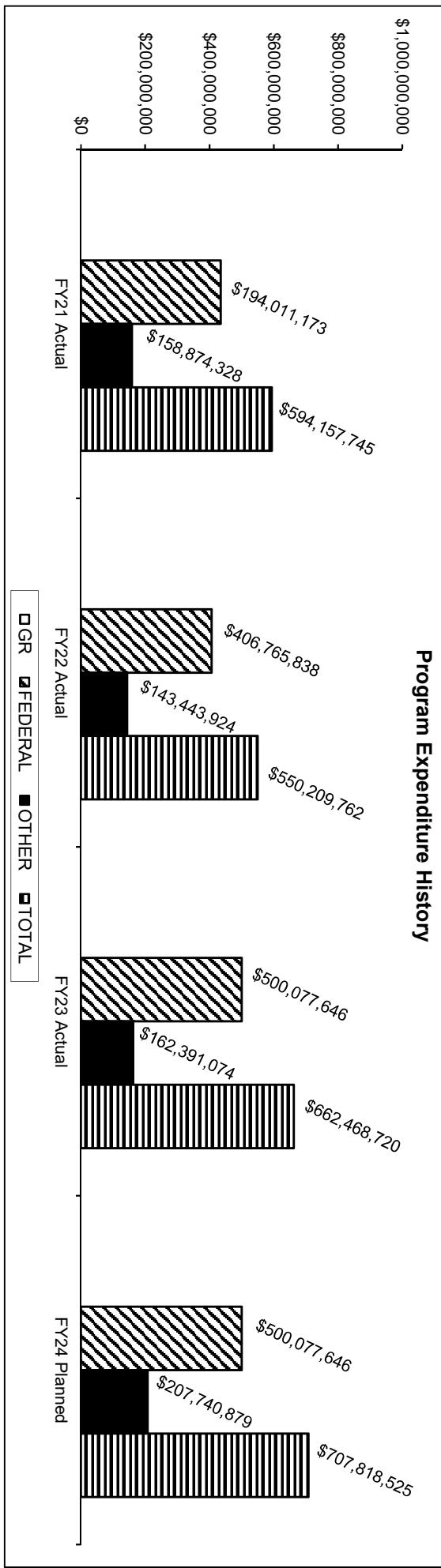
This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

HB Section(s): 11.855

Department: Social Services
Program Name: IGT DMH Medicaid Program
Program is found in the following core budget(s): IGT DMH Medicaid Program

- 3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



- 4. What are the sources of the "Other" funds?**

Intergovernmental Transfer Fund (0139)

- 5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

- 6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

- 7. Is this a federally mandated program? If yes, please explain.**

No.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Expend Transfer

Budget Units: 90570C

HB Sections: 11.850

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	137,074,165	137,074,165	TRF	0	0	137,074,165
Total	0	0	137,074,165	137,074,165	Total	0	0	137,074,165

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

DSS Intergovernmental Transfer Fund (0139) - \$137,074,165

Other Funds:

DSS Intergovernmental Transfer Fund (0139) - \$137,074,165

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Expend Transfer

Budget Units: 90570C

HB Sections: 11.850

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	137,074,165	137,074,165	137,074,165	137,074,165
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	137,074,165	137,074,165	137,074,165	137,074,165
Actual Expenditures (All Funds)	89,416,399	77,869,400	76,077,705	N/A
Unexpended (All Funds)	47,657,766	59,204,765	60,996,460	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	47,657,766	59,204,765	60,996,460	(1)

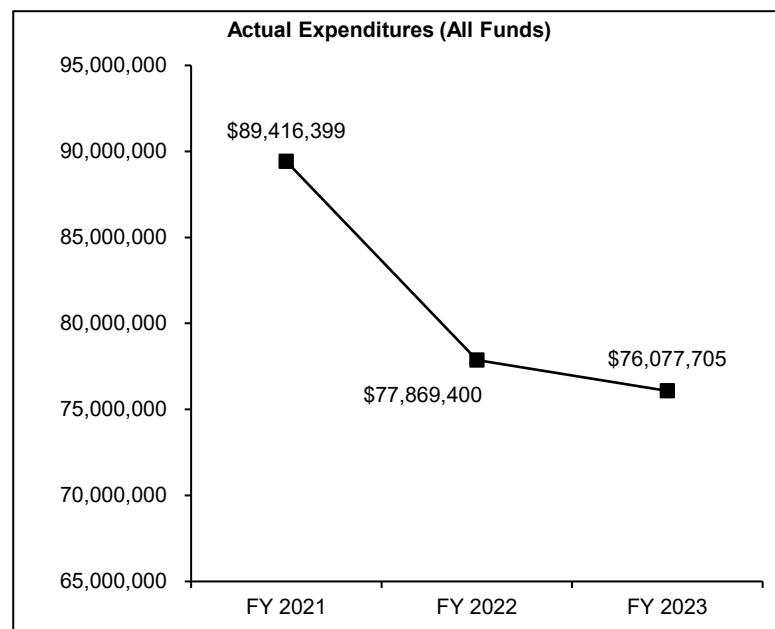
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: GR Pharmacy FRA Transfer

Budget Units: 90535C

HB Sections: 11.860

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	38,737,111	0	0	38,737,111
Total	38,737,111	0	0	38,737,111

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	38,737,111	0	0	38,737,111
Total	38,737,111	0	0	38,737,111

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

GR Pharmacy FRA Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: GR Pharmacy FRA Transfer

Budget Units: 90535C

HB Sections: 11.860

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	38,737,111	38,737,111	38,737,111	38,737,111
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	38,737,111	38,737,111	38,737,111	38,737,111
Actual Expenditures (All Funds)	27,160,776	8,039,050	2,911,183	N/A
Unexpended (All Funds)	11,576,335	30,698,061	35,825,928	N/A
Unexpended, by Fund:				
General Revenue	11,576,335	30,698,061	35,825,928	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)

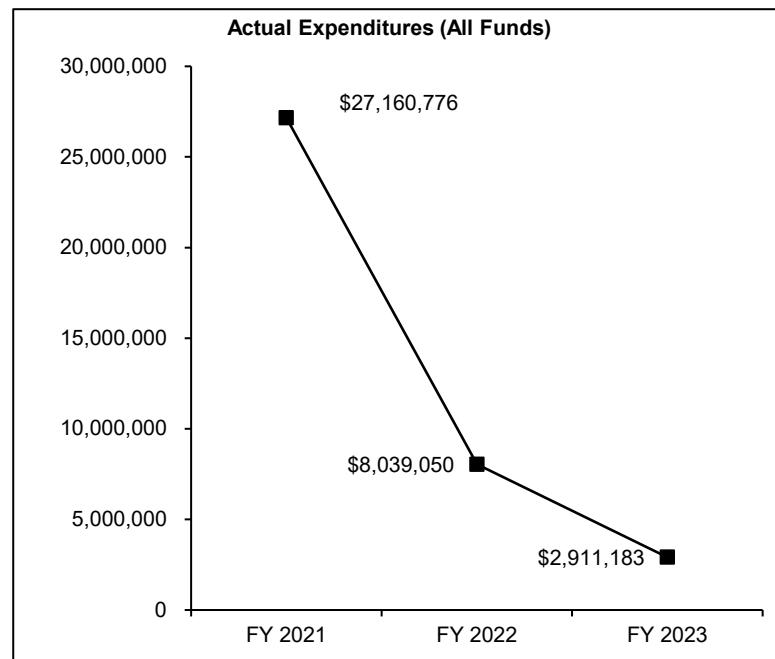
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy FRA Transfer

Budget Units: 90537C

HB Sections: 11.865

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	38,737,111	38,737,111	TRF	0	0	38,737,111
Total	0	0	38,737,111	38,737,111	Total	0	0	38,737,111
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$38,737,111

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$38,737,111

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy FRA Transfer

Budget Units: 90537C

HB Sections: 11.865

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	38,737,111	38,737,111	38,737,111	38,737,111
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	38,737,111	38,737,111	38,737,111	38,737,111
Actual Expenditures (All Funds)	27,160,776	8,039,050	2,911,183	N/A
Unexpended (All Funds)	11,576,335	30,698,061	35,825,928	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	11,576,335	30,698,061	35,825,928	(1)

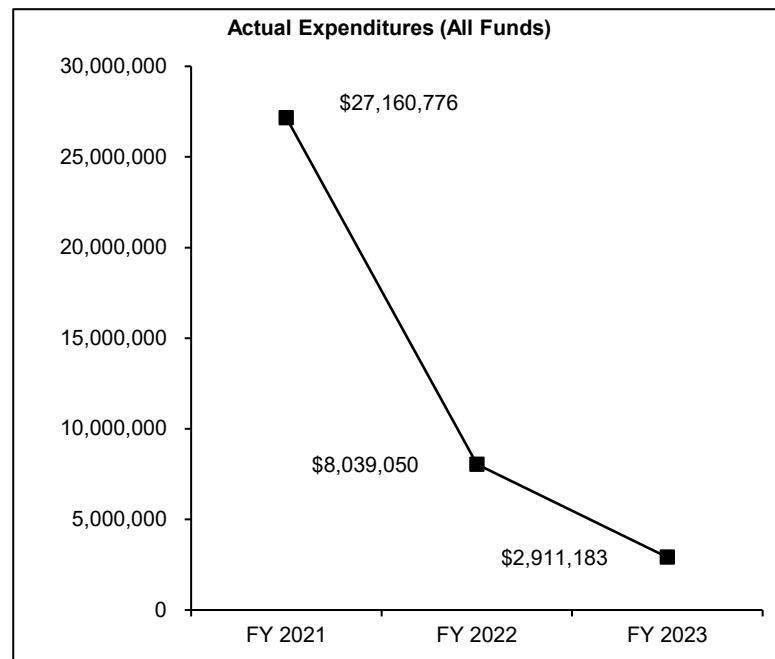
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services

Budget Units: 90581C

Division: MO HealthNet

HB Sections: 11.870

Core: Ambulance Service Reimbursement Allowance Transfer

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	20,837,332	0	0	20,837,332
Total	20,837,332	0	0	20,837,332

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	20,837,332	0	0	20,837,332
Total	20,837,332	0	0	20,837,332

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Ambulance Service Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services

Budget Units: 90581C

Division: MO HealthNet

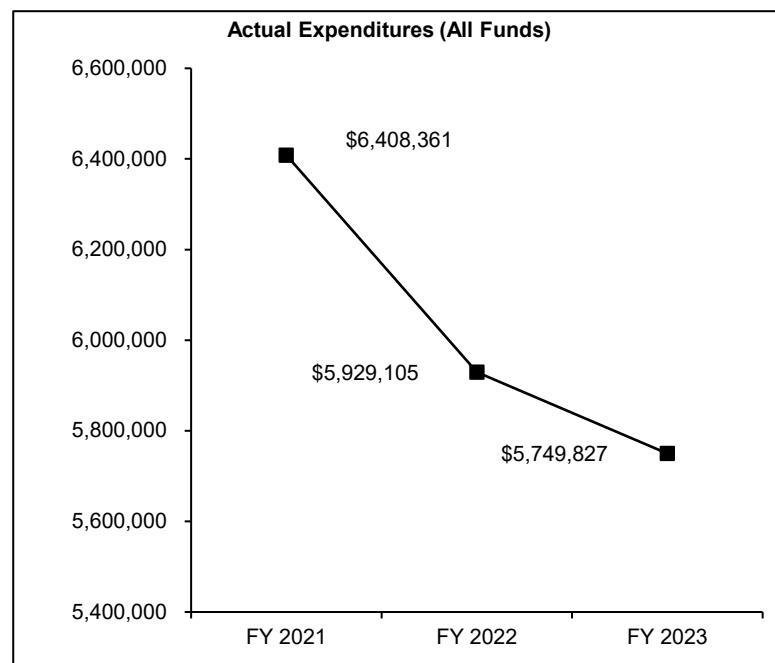
HB Sections: 11.870

Core: Ambulance Service Reimbursement Allowance Transfer

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	20,837,332	20,837,332	20,837,332	20,837,332
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	20,837,332	20,837,332	20,837,332	20,837,332
Actual Expenditures (All Funds)	6,408,361	5,929,105	5,749,827	N/A
Unexpended (All Funds)	14,428,971	14,908,227	15,087,505	N/A
Unexpended, by Fund:				
General Revenue	14,428,971	14,908,227	15,087,505	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.

CORE DECISION ITEM

Department: Social Services

Budget Units: 90583C

Division: MO HealthNet

HB Sections: 11.875

Core: Ambulance Service to GR Transfer

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	20,837,332	20,837,332	TRF	0	0	20,837,332
Total	0	0	20,837,332	20,837,332	Total	0	0	20,837,332
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332

Other Funds:

Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Ambulance Service Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Ambulance Service to GR Transfer

Budget Units: 90583C

HB Sections: 11.875

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	20,837,332	20,837,332	20,837,332	20,837,332
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	20,837,332	20,837,332	20,837,332	20,837,332
Actual Expenditures (All Funds)	6,408,361	5,929,105	5,749,827	N/A
Unexpended (All Funds)	14,428,971	14,908,227	15,087,505	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	14,428,971	14,908,227	15,087,505	(1)

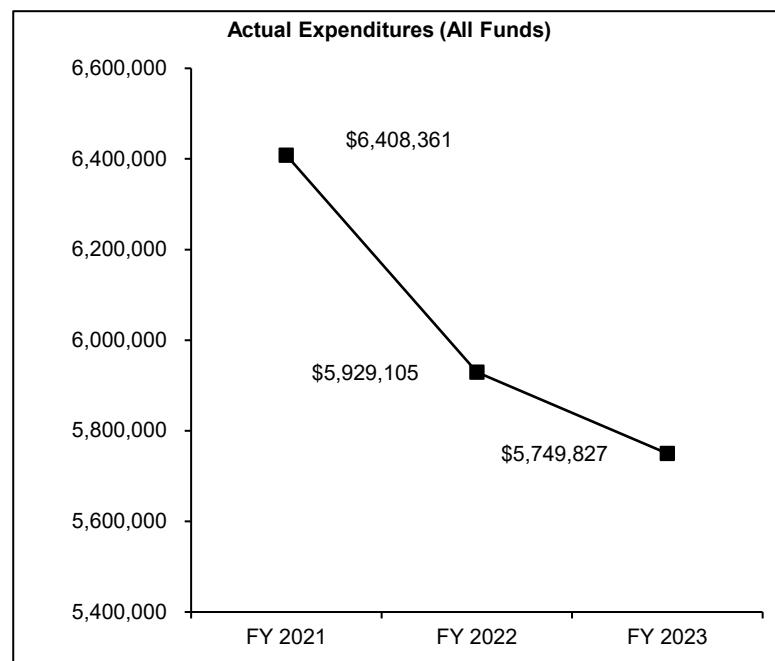
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: GR FRA Transfer

Budget Units: 90840C
 HB Sections: 11.880

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	718,701,378	0	0	718,701,378	TRF	718,701,378	0	718,701,378
Total	718,701,378	0	0	718,701,378	Total	718,701,378	0	718,701,378

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Federal Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: GR FRA Transfer

Budget Units: 90840C

HB Sections: 11.880

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	653,701,378	718,701,378	718,701,378	718,701,378
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	653,701,378	718,701,378	718,701,378	718,701,378
Actual Expenditures (All Funds)	653,701,378	696,944,896	537,672,545	N/A
Unexpended (All Funds)	-	21,756,482	181,028,833	N/A
Unexpended, by Fund:				
General Revenue	0	21,756,482	181,028,833	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)

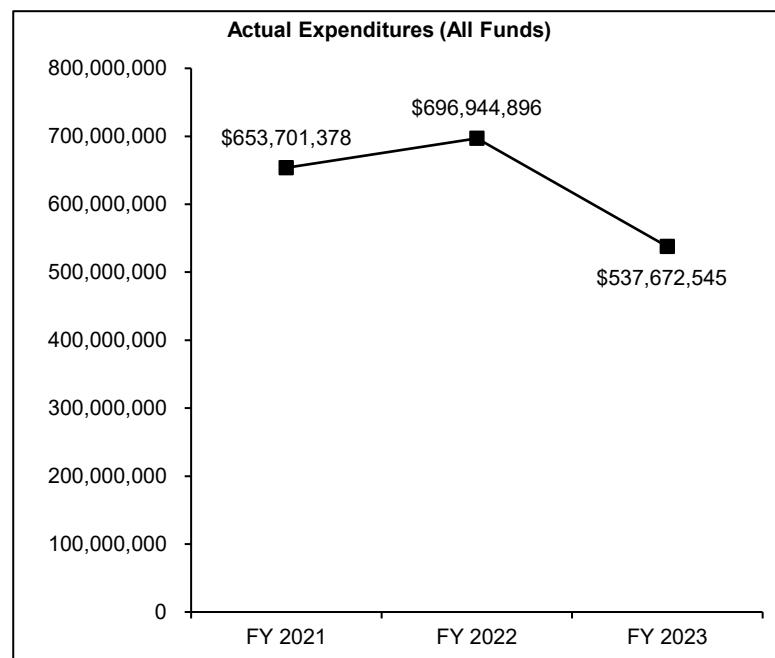
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services

Division: MO HealthNet

Core: Federal Reimbursement Allowance Transfer

Budget Units: 90845C

HB Sections: 11.885

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	718,701,378	718,701,378	TRF	0	0	718,701,378
Total	0	0	718,701,378	718,701,378	Total	0	0	718,701,378

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FTE 0.00 0.00 0.00 0.00

Est. Fringe 0 0 0 0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Federal Reimbursement Allowance Transfer Fund (0142) - \$718,701,378

Other Funds:

Federal Reimbursement Allowance Transfer Fund (0142) - \$718,701,378

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Federal Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services

Budget Units: 90845C

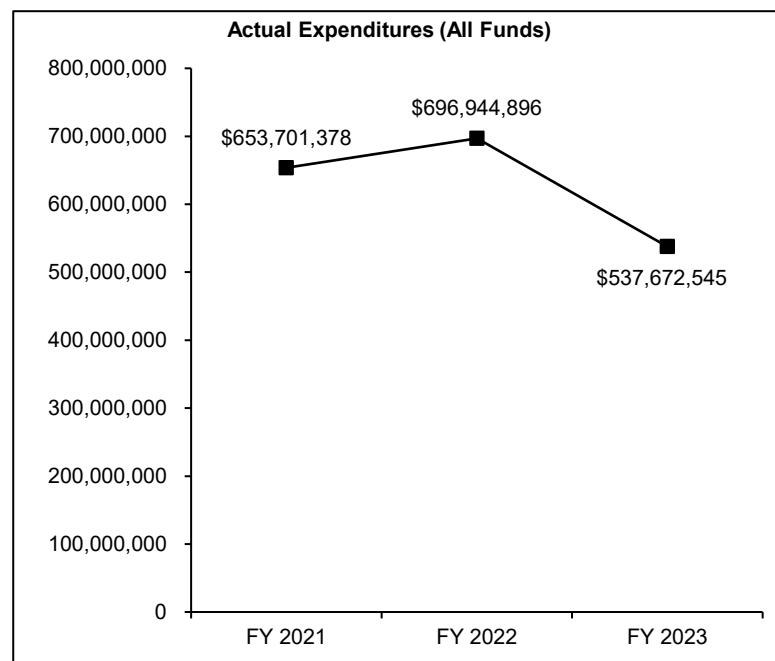
Division: MO HealthNet

HB Sections: 11.885

Core: Federal Reimbursement Allowance Transfer

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	653,701,378	718,701,378	718,701,378	718,701,378
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	653,701,378	718,701,378	718,701,378	718,701,378
Actual Expenditures (All Funds)	653,701,378	696,944,896	537,672,545	N/A
Unexpended (All Funds)	0	21,756,482	181,028,833	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	21,756,482	181,028,833	(1)



*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.

CORE DECISION ITEM

Department: Social Services

Budget Units: 90850C

Division: MO HealthNet

HB Sections: 11.890

Core: GR Nursing Facility FRA Transfer

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	210,950,510	0	0	210,950,510
Total	210,950,510	0	0	210,950,510

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	210,950,510	0	0	210,950,510
Total	210,950,510	0	0	210,950,510

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe **0** **0** **0** **0**

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds: N/A

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facility Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: GR Nursing Facility FRA Transfer

Budget Units: 90850C

HB Sections: 11.890

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	210,950,510	210,950,510	210,950,510	210,950,510
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	210,950,510	210,950,510	210,950,510	210,950,510
Actual Expenditures (All Funds)	160,708,214	154,592,189	158,621,471	N/A
Unexpended (All Funds)	50,242,296	56,358,321	52,329,039	N/A
Unexpended, by Fund:				
General Revenue	50,242,296	56,358,321	52,329,039	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A (1)

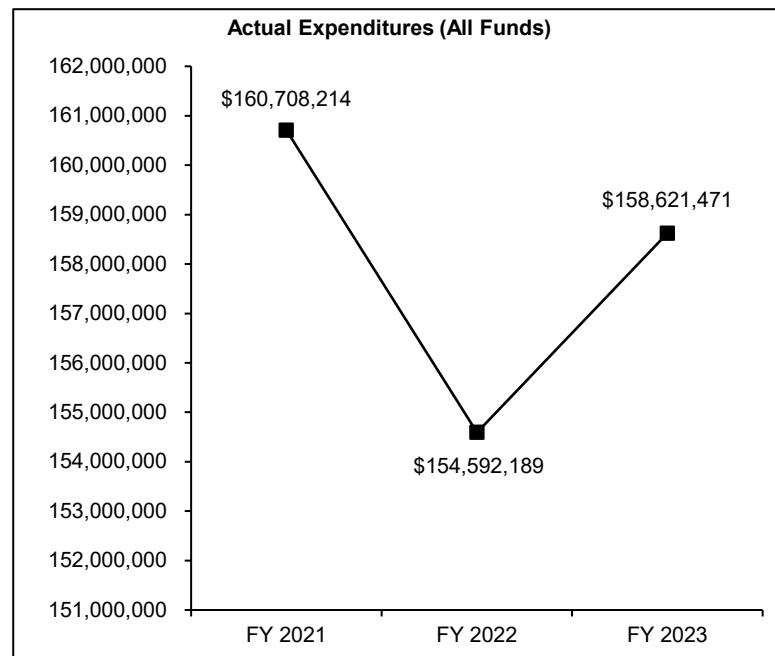
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facility Reimbursement Allowance Transfer

Budget Units: 90855C

HB Sections: 11.895

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	210,950,510	210,950,510	TRF	0	0	210,950,510
Total	0	0	210,950,510	210,950,510	Total	0	0	210,950,510
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Nursing Facility Reimbursement Allowance Fund (0196) - \$210,950,510

Other Funds:

Nursing Facility Reimbursement Allowance Fund (0196) - \$210,950,510

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facility Reimbursement Allowance Transfer

CORE DECISION ITEM

Department: Social Services

Budget Units: 90855C

Division: MO HealthNet

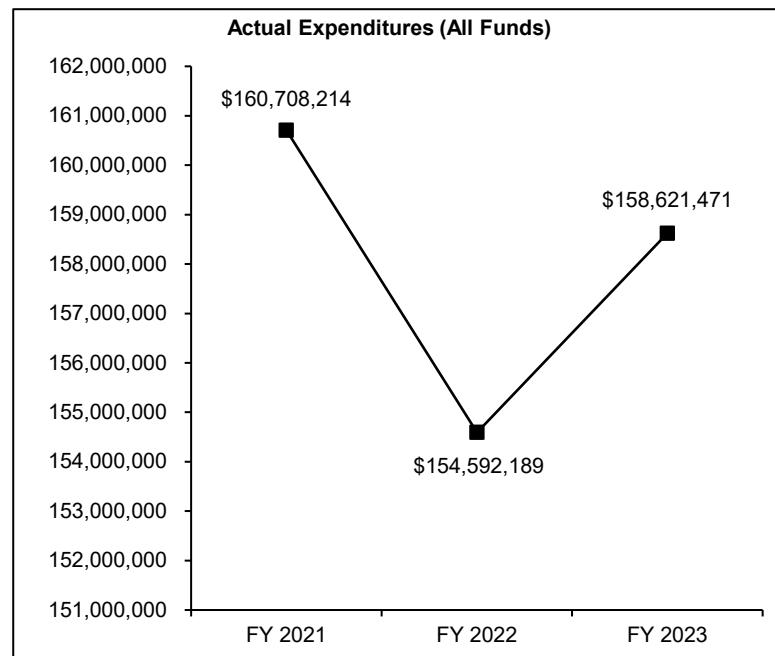
HB Sections: 11.895

Core: Nursing Facility Reimbursement Allowance Transfer

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	210,950,510	210,950,510	210,950,510	210,950,510
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	210,950,510	210,950,510	210,950,510	210,950,510
Actual Expenditures (All Funds)	160,708,214	154,592,189	158,621,471	N/A
Unexpended (All Funds)	50,242,296	56,358,321	52,329,039	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	50,242,296	56,358,321	52,329,039	(1)

*Current Year restricted amount is as of 1/15/2024.



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facility Quality Transfer

Budget Units: 90860C

HB Sections: 11.900

1. CORE FINANCIAL SUMMARY

	FY 2025 Budget Request				FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total	GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0
EE	0	0	0	0	EE	0	0	0
PSD	0	0	0	0	PSD	0	0	0
TRF	0	0	1,500,000	1,500,000	TRF	0	0	1,500,000
Total	0	0	1,500,000	1,500,000	Total	0	0	1,500,000
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

Nursing Facility Reimbursement Allowance Fund (0196) - \$1,500,000

Other Funds:

Nursing Facility Reimbursement Allowance Fund (0196) - \$1,500,000

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facility Quality Transfer

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facility Quality Transfer

Budget Units: 90860C

HB Sections: 11.900

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	1,500,000	1,500,000	1,500,000	1,500,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,500,000	1,500,000	1,500,000	1,500,000
Actual Expenditures (All Funds)	1,500,000	1,500,000	0	N/A
Unexpended (All Funds)	0	-	1,500,000	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	1,500,000	(1)

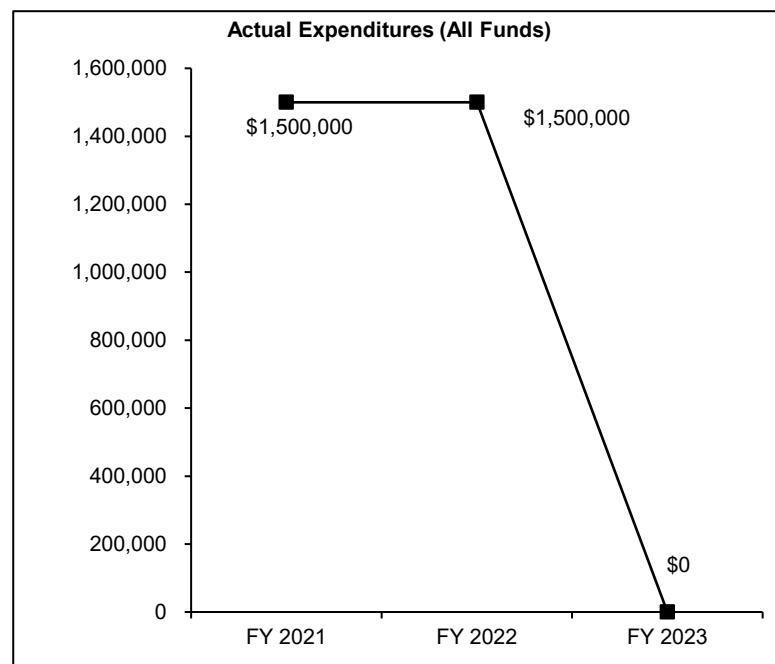
*Current Year restricted amount is as of 1/15/2024.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) Previously found in MHD Non-Count Transfers Core.



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
AMBULANCE SRV REIM ALLOW TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR AMBULANCE SRV REIM ALL TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
GR FRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	718,701,378	0	0	718,701,378	
	Total	0.00	718,701,378	0	0	718,701,378	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
FED REIMBURSE ALLOW-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	718,701,378	718,701,378	
	Total	0.00	0	0	718,701,378	718,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR NFFRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund								
IGT EXPEND TRANSFER								
CORE								
FUND TRANSFERS								
INTERGOVERNMENTAL TRANSFER	76,077,705	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00
TOTAL - TRF	76,077,705	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00
TOTAL	76,077,705	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00
GRAND TOTAL	\$76,077,705	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$137,074,165	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund								
GR PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
PHARMACY REIMBURSEMENT ALLOWAN		2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111
TOTAL - TRF		2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111
TOTAL		2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111
GRAND TOTAL		\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
AMBULANCE SRV REIM ALLOW TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL - TRF	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
GRAND TOTAL	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund								
GR AMBULANCE SRV REIM ALL TRF								
CORE								
FUND TRANSFERS								
AMBULANCE SERVICE REIMB ALLOW	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL - TRF	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
GRAND TOTAL	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR FRA-TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL - TRF	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
FRA Transfer Approp (CTC) - 1886017								
FUND TRANSFERS								
GENERAL REVENUE	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
GRAND TOTAL	\$537,672,545	0.00	\$718,701,378	0.00	\$769,701,378	0.00	\$769,701,378	0.00

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FED REIMBURSE ALLOW-TRANSFER								
CORE								
FUND TRANSFERS								
FEDERAL REIMBURSMENT ALLOWANCE	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL - TRF	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
FRA Transfer Approp (CTC) - 1886017								
FUND TRANSFERS								
FEDERAL REIMBURSMENT ALLOWANCE	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
GRAND TOTAL	\$537,672,545	0.00	\$718,701,378	0.00	\$769,701,378	0.00	\$769,701,378	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund								
GR NFFRA-TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Summary	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
Fund								
NURSING FACILITY REIM-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00

DECISION ITEM SUMMARY

Budget Unit Decision Item Budget Object Summary Fund	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
NURSING FACILITY QLTY-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	0	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL - TRF	0	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL	0	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	76,077,705	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00
TOTAL - TRF	76,077,705	0.00	137,074,165	0.00	137,074,165	0.00	137,074,165	0.00
GRAND TOTAL	\$76,077,705	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$137,074,165	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$76,077,705	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$137,074,165	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
GENERAL REVENUE	\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
TOTAL - TRF	2,911,183	0.00	38,737,111	0.00	38,737,111	0.00	38,737,111	0.00
GRAND TOTAL	\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$2,911,183	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$38,737,111	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL - TRF	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
GRAND TOTAL	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
GENERAL REVENUE	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
TOTAL - TRF	5,749,827	0.00	20,837,332	0.00	20,837,332	0.00	20,837,332	0.00
GRAND TOTAL	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$5,749,827	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$20,837,332	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL - TRF	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
GRAND TOTAL	\$537,672,545	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00
GENERAL REVENUE	\$537,672,545	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit Decision Item Budget Object Class	FY 2023 ACTUAL DOLLAR	FY 2023 ACTUAL FTE	FY 2024 BUDGET DOLLAR	FY 2024 BUDGET FTE	FY 2025 DEPT REQ DOLLAR	FY 2025 DEPT REQ FTE	FY 2025 GOV REC DOLLAR	FY 2025 GOV REC FTE
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
TOTAL - TRF	537,672,545	0.00	718,701,378	0.00	718,701,378	0.00	718,701,378	0.00
GRAND TOTAL	\$537,672,545	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$537,672,545	0.00	\$718,701,378	0.00	\$718,701,378	0.00	\$718,701,378	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
GENERAL REVENUE	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
TOTAL - TRF	158,621,471	0.00	210,950,510	0.00	210,950,510	0.00	210,950,510	0.00
GRAND TOTAL	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$158,621,471	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$210,950,510	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	0	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
TOTAL - TRF	0	0.00	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00
GRAND TOTAL	\$0	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

**HB Section(s): 11.850, 11.860, 11.865, 11.870, 11.875, 11.880,
11.885, 11.890, 11.895, 11.900**

1a. What strategic priority does this program address?

Transfers between funds

1b. What does this program do?

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

Reimbursement Allowance Transfers

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds.

The following transfers are used as accounting mechanisms to meet this requirement:

- Pharmacy
- Ambulance Service Reimbursement Allowance Transfer
- Federal Reimbursement Allowance Transfer
- Nursing Facility Reimbursement Allowance Transfer

NOTE: The provider assessment programs listed above have been reauthorized by the General Assembly through September 30, 2024.

Intergovernmental Transfer

State and local governmental units (including public providers) are authorized to transfer to the state Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid matching funds. These transfers are called intergovernmental transfers (IGTs) and maximize eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Nursing Facility Quality of Care Fund Transfer

In accordance with section 198.418.1, RSMo, funding up to 5% of the federal funds deposited to the Nursing Facility Reimbursement Allowance fund each year (not to exceed \$1,500,000) is transferred from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used by the Department of Health and Senior Services (upon appropriation) for conducting inspections and surveys and providing training and technical assistance to facilities licensed under the provisions of Chapter 198.

FMAP Enhancement Fund Transfer

There is one-time transfer authority to move remaining cash balances in the FMAP Enhancement Fund (0181).

Federal Earnings Fund Transfer

There are three, one-time transfer authorities to transfer funds out of the State Treasury to the Federal Earnings Fund from: Title XIX - Federal Fund (0163), DSS Federal Fund (0610), and Federal Stimulus - DSS Fund (2292).

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services

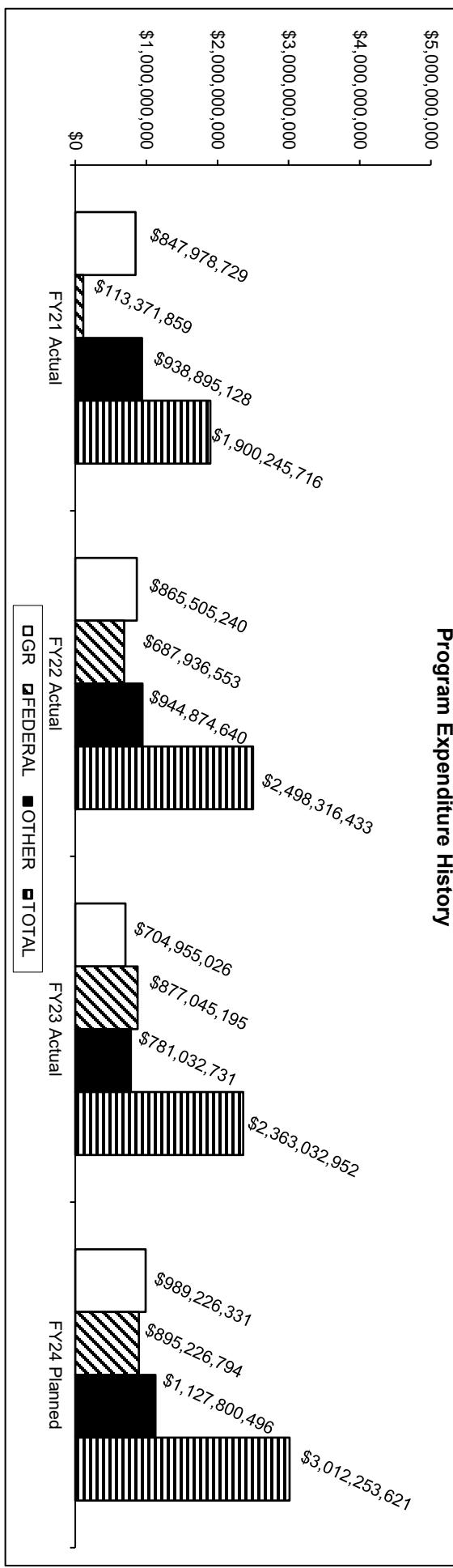
Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.850, 11.860, 11.865, 11.870, 11.875, 11.880,

11.885, 11.890, 11.895, 11.900

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144), Ambulance Service Reimbursement Allowance Fund (0958), DSS Intergovernmental Transfer Fund (0139), Federal Reimbursement Allowance Fund (0142), Nursing Facility Reimbursement Allowance Fund (0196), FMAP Enhancement Fund (0181), and Federal Stimulus - Social Services Fund (2292).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.418.1, 208.152, and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

NEW DECISION ITEM

Department: Social Services

Division: MO HealthNet

DI Name: Non-Count FRA Transfer Appropriation

DI# 1886017

Budget Unit: 90840C, 90845C

HB Section: 11.880, 11.885

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	51,000,000	0	51,000,000	102,000,000
Total	51,000,000	0	51,000,000	102,000,000

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance Fund (0142)

Non-Counts: General Revenue (0101)

 Federal Reimbursement Allowance Fund (0142)

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	51,000,000	0	51,000,000	102,000,000
Total	51,000,000	0	51,000,000	102,000,000

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

2. THIS REQUEST CAN BE CATEGORIZED AS:

New Legislation	New Program	Fund Switch
Federal Mandate	Program Expansion	Cost to Continue
GR Pick-Up	Space Request	Equipment Replacement
Pay Plan	X Other: Increase Authority	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Based on projected MO HealthNet transfers for Fiscal Year (FY) 2024, it is anticipated that additional non-count appropriation authority will be necessary to operate the Federal Reimbursement Allowance Fund Transfer in FY 2025.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Non-Count FRA Transfer Appropriation DI# 1886017

Budget Unit: 90840C, 90845C
 HB Section: 11.880, 11.885

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds. The Federal Reimbursement Allowance Transfers are used as accounting mechanisms to meet this requirement: Based on projected FY 2024 transfers, additional authority for FY 2025 is needed as follows:

Estimated Shortfalls	Department Request:			Governor's Recommendation:		
	GR*	Other*	Total	GR*	Other*	Total
Federal Reimbursement Allowance	51,000,000	51,000,000	102,000,000	51,000,000	51,000,000	102,000,000

*Both GR and Other Fund appropriations are classified as non-count

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR	Dept Req GR	Dept Req FED	Dept Req FED	Dept Req OTHER	Dept Req OTHER	Dept Req TOTAL	Dept Req TOTAL	Dept Req One-Time
	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
Transfers	51,000,000				51,000,000		102,000,000		
Total TRF	51,000,000		0		51,000,000		102,000,000		0
Grand Total	51,000,000	0.0	0	0.0	51,000,000	0.0	102,000,000	0.0	0
Budget Object Class/Job Class	Gov Rec GR	Gov Rec GR	Gov Rec FED	Gov Rec FED	Gov Rec OTHER	Gov Rec OTHER	Gov Rec TOTAL	Gov Rec TOTAL	Gov Rec One-Time
	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
Transfers	51,000,000		0		51,000,000		102,000,000		0
Total TRF	51,000,000		0		51,000,000		102,000,000		0
Grand Total	51,000,000	0.0	0	0.0	51,000,000	0.0	102,000,000	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Non-Count FRA Transfer Appropriation DI# 1886017

Budget Unit: 90840C, 90845C
HB Section: 11.880, 11.885

[6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)]

6a. Provide an activity measure(s) for the program.

N/A

6b. Provide a measure(s) of the program's quality.

N/A

6c. Provide a measure(s) of the program's impact.

N/A

6d. Provide a measure(s) of the program's efficiency.

N/A

[7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:]

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
FED REIMBURSE ALLOW-TRANSFER								
FRA Transfer Approp (CTC) - 1886017								
TRANSFERS OUT	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$51,000,000	0.00	\$51,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$51,000,000	0.00	\$51,000,000	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
GR FRA-TRANSFER								
FRA Transfer Approp (CTC) - 1886017								
TRANSFERS OUT	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	51,000,000	0.00	51,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$51,000,000	0.00	\$51,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$51,000,000	0.00	\$51,000,000	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: EFMAP to Title XIX Transfer **DI#** 1886060

Budget Unit: 88868C, 88869C
HB Section: 11.915, 11.920

1. AMOUNT OF REQUEST

	FY 2025 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

	FY 2025 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	16,000,000	0	16,000,000
Total	0	16,000,000	0	16,000,000

FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Non-Counts: N/A

Non-Counts: FMAP Enhancement Fund (0181)
FMAP Enhancement - Expansion (2466)

2. THIS REQUEST CAN BE CATEGORIZED AS:

New Legislation	New Program	Fund Switch
Federal Mandate	Program Expansion	Cost to Continue
GR Pick-Up	Space Request	Equipment Replacement
Pay Plan	X Other:	Non-Count Transfer

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This request is to update the Federal FMAP funding within the Title XIX Federal Fund. Two new non-count transfer appropriations are being requested to transfer dollars to the Title XIX Federal Fund, the Enhanced FMAP (EFMAP) and EFMAP Expansion Funds. This request is needed to adjust amounts due to the sunsetting of enhanced FMAP match related to the Public Health Emergency. The State will continue to make prior period adjustments during this time. If not funded, then General Revenue (GR) will be needed to pick up the AEG and PHE FMAP funding reductions. These transfers are for accounting purposes only.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: EFMAP to Title XIX Transfer DI# 1886060

Budget Unit: 88868C, 88869C
 HB Section: 11.915, 11.920

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFF fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

HB Sec.	Program	Non-Count Transfer		
		GR	Federal	Total
11.915	EFMAP Transfer	\$ -	\$ 10,000,000	\$ 10,000,000
11.920	EFMAP Expansion Transfer	\$ -	\$ 6,000,000	\$ 6,000,000
	Total	\$ -	\$ 16,000,000	\$ 16,000,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Transfers	0		0		0		0		0
Total TRF	0		0		0		0		0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Transfers	0		16,000,000		0		16,000,000		0
Total TRF	0		16,000,000		0		16,000,000		0

Grand Total	0	0.0	16,000,000	0.0	0	0.0	16,000,000	0.0	0
-------------	---	-----	------------	-----	---	-----	------------	-----	---

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: EFMAP to Title XIX Transfer DI# 1886060

Budget Unit: 88868C, 88869C
HB Section: 11.915, 11.920

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

N/A

6b. Provide a measure(s) of the program's quality.

N/A

6c. Provide a measure(s) of the program's impact.

N/A

6d. Provide a measure(s) of the program's efficiency.

N/A

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
EFMAP TO TITLE XIX TRANSFER								
EFMAP to Title XIX Transfers - 1886060								
FUND TRANSFERS								
FMAP ENHANCEMENT FUND								
TOTAL - TRF								
TOTAL	0	0.00	0	0.00	0	0.00	10,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$10,000,000	0.00

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
EFMAP TO TITLE XIX TRANSFER								
EFMAP to Title XIX Transfers - 1886060								
FUND TRANSFERS								
FMAP ENHANCEMENT - EXPANSION								
TOTAL - TRF	0	0.00	0	0.00	0	0.00	6,000,000	0.00
TOTAL	0	0.00	0	0.00	0	0.00	6,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$6,000,000	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
EFMAP TO TITLE XIX TRANSFER								
EFMAP to Title XIX Transfers - 1886060								
TRANSFERS OUT	0	0.00	0	0.00	0	0.00	10,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	0	0.00	10,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$10,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$10,000,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
EFMAP TO TITLE XIX TRANSFER								
EFMAP to Title XIX Transfers - 1886060								
TRANSFERS OUT	0	0.00	0	0.00	0	0.00	6,000,000	0.00
TOTAL - TRF	0	0.00	0	0.00	0	0.00	6,000,000	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$0	0.00	\$6,000,000	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$6,000,000	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00

CORE DECISION ITEM

Department: Social Services
Division: Office of the Director
Core: Legal Expense Fund Transfer

Budget Unit 90599C

HB Section 11.950

1. CORE FINANCIAL SUMMARY

FY 2025 Budget Request

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	1	0	0	1
Total	1	0	0	1

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2025 Governor's Recommendation

	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	1	0	0	1
Total	1	0	0	1

FTE 0.00 0.00 0.00 0.00

<i>Est. Fringe</i>	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

2. CORE DESCRIPTION

In FY 2020, the General Assembly appropriated \$1 for transfer from the department's core budget to the State Legal Expense Fund for the payment of claims, premiums, and expenses provided by Section 105.711 through Section 105.726, RSMo. In order to fund such expenses, the General Assembly also authorized three percent flexibility from various house bill sections in the department's operating budget into the \$1 transfer appropriation.

3. PROGRAM LISTING (list programs included in this core funding)

N/A

CORE DECISION ITEM

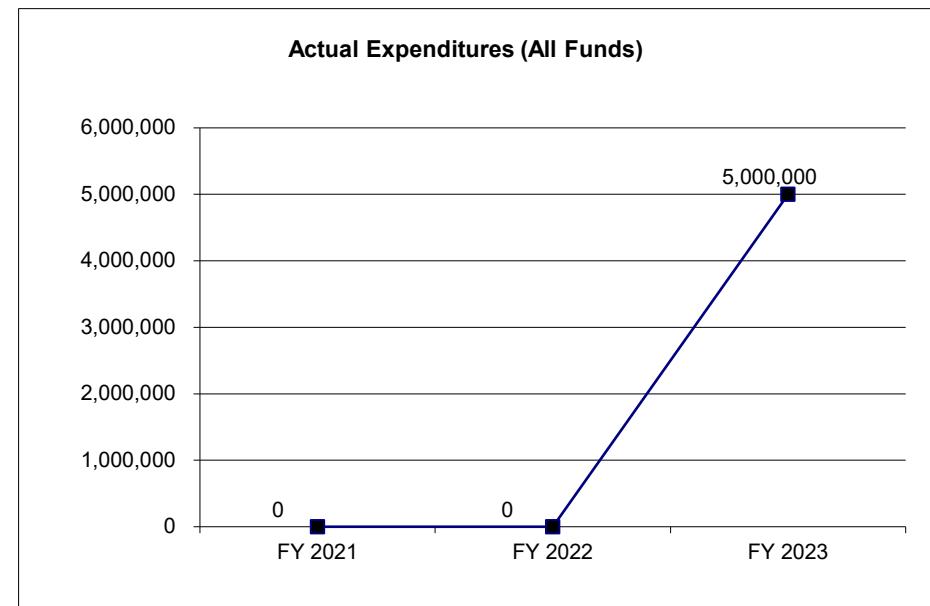
Department: Social Services
Division: Office of the Director
Core: Legal Expense Fund Transfer

Budget Unit 90599C

HB Section 11.950

4. FINANCIAL HISTORY

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Current Yr.
Appropriation (All Funds)	1	1	5,000,001	1
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1	1	5,000,001	1
Actual Expenditures (All Funds)	0	0	5,000,000	N/A
Unexpended (All Funds)	1	0	1	N/A
Unexpended, by Fund:				
General Revenue	1	1	1	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
		(1)		



Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY2023 - \$5,000,000 (HB 11.620 \$4,535,000 and HB 11.7000 \$465,000) was flexed to the Legal Expense Fund.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
DSS LEGAL EXPENSE FUND TRF

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFF AFTER VETOES							
	TRF	0.00	1	0	0	1	
	Total	0.00	1	0	0	1	
DEPARTMENT CORE REQUEST							
	TRF	0.00	1	0	0	1	
	Total	0.00	1	0	0	1	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	1	0	0	1	
	Total	0.00	1	0	0	1	

DECISION ITEM SUMMARY

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL DOLLAR	ACTUAL FTE	BUDGET DOLLAR	BUDGET FTE	DEPT REQ DOLLAR	DEPT REQ FTE	GOV REC DOLLAR	GOV REC FTE
DSS LEGAL EXPENSE FUND TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	5,000,000	0.00	1	0.00	1	0.00	1	0.00
TOTAL - TRF	5,000,000	0.00	1	0.00	1	0.00	1	0.00
TOTAL	5,000,000	0.00	1	0.00	1	0.00	1	0.00
GRAND TOTAL	\$5,000,000	0.00	\$1	0.00	\$1	0.00	\$1	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2023	FY 2023	FY 2024	FY 2024	FY 2025	FY 2025	FY 2025	FY 2025
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	GOV REC	GOV REC
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE
DSS LEGAL EXPENSE FUND TRF								
CORE								
TRANSFERS OUT	5,000,000	0.00	1	0.00	1	0.00	1	0.00
TOTAL - TRF	5,000,000	0.00	1	0.00	1	0.00	1	0.00
GRAND TOTAL	\$5,000,000	0.00	\$1	0.00	\$1	0.00	\$1	0.00
GENERAL REVENUE	\$5,000,000	0.00	\$1	0.00	\$1	0.00	\$1	0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00